

the buffalo physician

SCHOOL OF MEDICINE

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25 Seniors Honored

Twenty-five senior medical students shared 17 awards at the annual Class Day Exercises of the Medical School May 11 at Kleinhans Music Hall. Four earned two apiece. They are Stephen J. Levine, Stephen I. Pelton, James A. Singer, and George C. Newman, Jr. The awards were presented by Dr. Clyde L. Randall, acting dean and vice president for the Faculty of Health Sciences.

Alpha Omega Alpha (National Honorary Society) — Richard DiBianco, Michael Gordon, Frederick S. Hust, Thomas J. Lawley, Stephen J. Levine, Marc J. Leitner, William T. Murray, George C. Newman, Jr., Stephen N. Newman, Stephen I. Pelton, Richard A. Savage, Paul A. Seligman, Craig R. Smith.

Thesis Honors — Areta O. Kowal

Upjohn Award (advancement in medical studies) — Patricia K. Duffner

Buffalo Surgical Society Prize in Surgery (academic excellence for junior, senior years) — John W. Kraus

Dr. Heinrich Leonhardt Prize in Surgery (academic excellence) — Joseph E. Tripi

David K. Miller Prize in Medicine (demonstration of Dr. Miller's approach to caring for the sick — competence, humility, humanity) — Robert DiBianco

Gilbert M. Beck Memorial Prize in Psychiatry (academic excellence) — Karen A. Price

Philip P. Sang Memorial Award (efficiency in practice of medicine, dedication to human values) — George C. Newman, Jr.

Morris Stein Neural Anatomy Award (excellence in neural anatomy) — Thomas J. Lawley

Maimonides Medical Society Award (application of basic science principles to practice of medicine) — Stephen J. Levine

Hans J. Lowenstein Award in Obstetrics (academic excellence) — James A. Singer

Bernhardt and Sophie B. Gottlieb Award (combination of learning, living, and service) — Gary H. Lyman

Lange Award (excellence in work) — Lynda A. Kam, James A. Singer

Mark A. Petrino Award (sincere interest, best characteristics for general practice of medicine) — Andrew J. Kane

Lieberman Award (interest, aptitude in study of anesthesiology) — Virginia F. Hawley

Emilie Davis Rodenberg Memorial Fund (academic excellence in study of diabetes, its complications) — Stephen I. Pelton

Baccelli Award (continued excellence in research) — Ira L. Mintzer □

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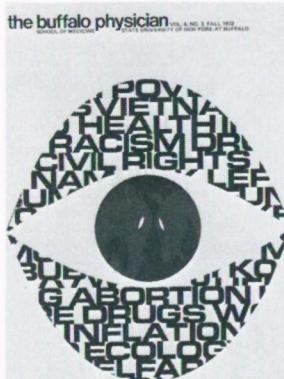
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The cover design by Richard Macakanja focuses upon our national election. Among the many campaign issues is the delivery of health care.

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The Stockton Kimball luncheon.

Drug Addiction

THE PANEL on Modern Approach to Drug Addiction reviewed a 20-minute New York State Health Department film on emergency treatment of drug users. The film was taken over a nine-month period at the Mt. Sinai Hospital (New York City) emergency room. It showed patients coming off LSD trips and others with overdoses of heroin and barbiturates. It was a moving, emotional film that "told it like it is." It also showed follow-up person to person talks between the patients and physicians, nurses and social workers.

In the discussion that followed Dr. Gary W. Healey, staff psychologist at the Masten Park Community Rehabilitation Center said, "drug abuse is a complex, multifaceted problem. We know very little about the different types of addicts. We don't know whether they have been taking drugs for two months or 20 years. These facts are all very important to the diagnosis and treatment of the patient.

"We must avoid relying on single uniform diagnosis and singular treatment approaches. There are four distinct classes of drug users — the experimenters, the recreational or social users, the involved abusers (housewife on diet pills), and the dysfunctional abusers which include the narcotics addict and non-opiate abuser such as the methamphetamine abuser."

Dr. Healey suggests the multimodality treatment approach because of the many differences that exist among drug abusers. This approach seeks to determine what characteristics of a drug dependent person can be matched with a particular treatment approach. This approach may also be used for non-narcotic abusers.

"There is no universal addict or drug abuser, but rather a variety of drug dependent people who will respond only to a variety of treatment approaches. That is why no single treatment approach will work. It is a long-term process that may range from detoxification to day centers."



Dr. Oscar S. Lopez said we must change our concept from punishment to treatment of the drug abuser. The Masten Park staff psychiatrist stressed three facets — the chemical property of drugs, personality of the patient, and the culture of the people. "Nationally there must be a change in the physician's prescribing of drugs. The treatment of the drug abuser necessitates limiting drug enforcement. There must also be changes in media concept and in the medical school curriculum so graduates will know more about the problem and how to cope with it."

The panel concluded the discussion by saying that there are some centers available to send patients for treatment, but not enough in Buffalo or any other community.□

Two attorneys and a dentist who are tax specialists, reviewed the historical background of the "professional corporation" and its benefits. They agreed that the tax shelter for earnings is the primary purpose in forming such a corporation. "It also provides an easier way for estate planning, limits personal liability and is not as cumbersome as a partnership," attorney Raymond Roll, Jr. said. He went on to say that a professional corporation is a legal entity, must be operated like a corporation and that its principals must be members of the same profession.

Attorney Jack Geller said, "we are not here to sell you anything or badger you. Every individual has a different set of circumstances. Do what is right for you. Not every physician needs a professional corporation. We urge you to get advice from your attorney and tax consultant. Make an individual analysis of your own situation.

"The employment contract is the key document of the professional corporation. This is very essential if more than one physician is practicing. This document gives the corporation substance." Mr. Geller went on to say that in the corporate plan you can name your own officers, make your own investments as long as they are prudent, name yourself as chief administrator and be an individual trustee.

The panel listed other advantages of the professional corporation such as health benefits, accumulative pension and profit sharing, life insurance, flexibility, the right to declare dividends and the option to purchase a building. The panel also pointed out that the professional corporation will not affect daily operations. But during the first year of operation they emphasized the physician must maintain close counsel with his tax consultant and attorney.□

Spring Clinical Days

Professional Corporation



Good food,
fellowship

CORPORATE VS. UNINCORPORATED PRACTICE
A Comparative Analysis of Economic Benefits and Tax Results

* * *

	Corporation	Unincorporated
<i>Gross Income of Professional(s)</i>	\$93,000.00	\$93,000.00
<i>Less general overhead and office staff cost</i>	30,000.00	30,000.00
<i>(\$20,000 general; \$10,000 salaries — est.)</i>	<u>\$63,000.00</u>	<u>\$63,000.00</u>
	Corporate	Practice
	Salary . . .	Income . . .
<i>Personal Tax Exemptions and Deductions</i>	10,000.00	10,000.00
<i>Taxable Income</i>	<u>\$40,000.00</u>	<u>\$53,000.00</u>
<i>Federal Income Tax</i>	12,140.00	18,590.00
	<u>\$37,860.00</u>	<u>\$44,410.00</u>
<i>Corporate "Fringe" Benefits</i>		
<i>Profit Sharing Plan</i>	\$7,500.00	
<i>Life Insurance</i>	500.00	
<i>Disability Insurance</i>	2,000.00	
<i>Hospital Insurance</i>	<u>250.00</u>	
<i>Total Corporate "Fringe" Benefits</i>	<u>10,250.00</u>	
<i>"AFTER TAX DOLLARS"</i>	<u>\$48,110.00</u>	<u>\$44,410.00</u>

Economic Benefit from corporate practice over unincorporated: \$3,700.00

Canadian Abortion

Two panel members (abortion) Drs. Fortier, Lippes, watch a demonstration.



"Health is the key to the Canadian abortion law that was modified in 1967. It allows abortion when performed in a hospital after approval of the hospital committee," according to Dr. Lise Fortier, a gynecologist at the University of Montreal School of Medicine. "The law as formulated can be interpreted any way one wishes to, and hospitals are not forced to have committees. This makes for a different kind of medicine depending on whether the patient lives in a large city or village, whether she is French or English, whether she attends a non-confessional or a Catholic Hospital. We are still 25 years behind the United States in abortion, but we are making progress. Twelve years ago we couldn't mention sterilization, abortion or contraception without a reprehend from the medical society. Today we can automatically abort teenagers, all mentally deficient women and those with physical problems."

Dr. Fortier believes the reluctance to abortion is more male inspired than religiously inspired. "Medicine has been a man's world, and only recently have women been accepted in medical schools and graduated with M.D. degrees. The Canadian abortion committees have been all male. Only recently have they included one or two women on the committee. Our family planning clinics have been all male. But we are making some progress in getting women into these clinics."

The gynecologist went on to say that for years physicians have convinced women that pregnancy is normal, desirable and socially accepted. "They have told women that not to have children is bad. Pregnancy may not be a disease but often there are dreadful complications, much uncomfortableness, and a higher mortality rate after the 10th birth. Statistics show that the 10th pregnancy is five times more hazardous than the first.

"Speaking as a gynecologist we must be sure that every woman who ventures into pregnancy does so of her own free will with knowledge of the dangers. Then every birth will be a happy and desired event," Dr. Fortier concluded.□

Sarah Lewit, an associate of Dr. Christopher Tietze, director, bio-medical division, The Population Council in New York City, spoke about the early medical complications of legal abortion. She reviewed the highlights of the Joint Program for the Study of Abortion (JPSA) which received data on 73,000 abortions performed in 60 hospitals and six clinics (not located in hospitals) in 12 states and the District of Columbia between July 1, 1970 and June 30, 1971. The major findings and conclusions of JPSA are:

—While the type of patient most frequently seen in JPSA institutions was a young, single, white woman pregnant for the first time and aborted as a private patient, the proportions of married, black, parous, and non-private patients increased significantly in the course of one year, with little change in the age distribution of the women.

—About three out of four abortions were performed in the first trimester of pregnancy, and the remaining one-fourth, at 13 weeks or later; the proportion of early abortions increased substantially over the year.

—Late abortions were most frequent among women under 18 years of age, nonprivate patients, black women, and mothers of six or more children.

—Most abortions in the first trimester were done by suction and most abortions at 17 weeks or later, by saline. Classical D & C accounted for 4.5 percent of all abortions and hysterotomy and hysterectomy together, for 2.4 percent. Over the year, the share of the last three procedures was almost halved.

Spring Clinical Days

Legal Abortion



*The 1927 class
reunion dinner.*



Dr. Tarik Elibol's exhibit "Fiberoptic Gastrointestinal Endoscopy" won third place. He is a clinical instructor in medicine at the University and on the staff of Kenmore Mercy Hospital.

At the Stockton-Kimball luncheon the Anthone twins, Drs. Roland and Sidney, were presented with special awards of appreciation by the Medical Alumni Association. The citation: "For his outstanding leadership and years of dedicated service to the School of Medicine and the Medical Community." □



—The incidence of early medical complications, including minor complaints, during the first trimester of pregnancy was on the order of one in 20 abortions; the risk of major complications, as defined in this report was one in 200 abortions.

—The risk to health associated with abortions was about three times as high in the second trimester of pregnancy as in the first trimester.

—Complication rates were higher for abortions performed at 6 weeks' gestation or less than at 7-10 weeks' gestation, especially for major complications. However, the risk to health was far smaller for the earliest abortions than for abortions in the second trimester.

—As might be expected, the risk of postabortal complications, and particularly major complications, was higher for women with known pre-existing complications than for apparently healthy women.

—Nonprivate patients had significantly higher complication rates than private patients, especially for abortions in the second trimester.

—Complication rates were lowest for abortions by suction, followed in ascending order by classical D & C, saline, hysterotomy, and hysterectomy.

—Complication rates in the second trimester increased markedly with age of woman and parity; for the first trimester, there was no association with parity and a slight downward trend with age of woman.

—The incidence of complications increased markedly when abortion by suction or D & C was combined with tubal sterilization, except for sterilization by laparoscopy.

—Complication rates for abortions by suction were lowest at 7-8 weeks' gestation, from which point they increased steadily to 15 weeks or more; this trend was repeated with minor irregularities for specific types of complications.

—Complication rates for abortions by suction, excluding women with pre-existing complications and/or sterilizing operations, were lower for clinics than for hospitals and lower for hospital outpatients than for hospital inpatients; these differentials were due in part to variations in periods of gestation and in type of service (private vs. nonprivate). Other factors which probably contributed to the differentials were: (a) more rigorous selection of patients, (b) greater experience of physicians, and (c) less complete recording of complications.

—Local anesthesia was associated with a higher incidence of complications than general anesthesia at each period of gestation among patients aborted by suction, and with a notably higher rate of repeat curettage.

—Complication rates for abortions by suction declined approximately fifty per cent from the third quarter of 1970 to the second quarter of 1971. □



*The 1962 class
reunion dinner.*

In 1971 there were 9,462 abortions performed in Erie County (55 per cent in hospitals), according to Dr. Emma Harrod, Deputy Commissioner of Health in Erie County. "Women can have an abortion performed in Erie County safely and quickly. The cost (\$250 to \$700) is often a big hurdle for the poor women who are not covered by medicaid or insurance. There has been an overwhelming demand for this service, not only in Erie County, but nationwide."

Dr. Harrod went on to point out that in spite of more younger childbearing age women in the last 20 years, there has been a decline in the birth rate and fertility rate by 33 per cent. "The rapidly declining birth and fertility rate began long before abortion services were available. The abortion law has facilitated this decline by providing another method of fertility control. However, the changing attitude toward family size and the availability of family planning resources have contributed to this decline."

In closing Dr. Harrod compared the Erie County birth rate of 15 per 1,000 with the death rate of 7.5 per 1,000. "We still have some way to go before things are stabilized," she said. □

Cancer of the face or carcinoma of the skin, the most frequent form of cancer, was reviewed by four physicians. There are over 100,000 new cases a year but there is now a 95 per cent cure rate, according to Doctors John Quinlivan, Gorden H. Burgess, Joseph R. Connelly and John T. Phelan. They agreed that the successful treatment of skin cancer depends on a team effort. "Get all the professional heads together — dermatologist, pathologist, radiologist, plastic surgeon, and chemo-surgeon — and plan the treatment."

As slides of the skin cancer patients were shown, the four experts discussed the various types and suggested treatment. Most of the time they agreed on the treatment, but occasionally there were differences.

Basal and squamous cell epithelioma are the two most common forms of skin cancer. Early diagnosis is important. While basal cell exhibits slow growth it can be destructive as it invades vital areas. However, it never metastasizes as does the squamous

Local Abortions

Skin Cancer



The cancer of the face panel (sitting) Drs. Gorden H. Burgess, Joseph R. Connelly, John T. Phelan, and John Quinlivan (standing).

cell type that has a five to ten per cent rate and is therefore the most dangerous. It invades underneath the skin, can ulcerate, and be covered with a crust.

Carcinoma of the skin, it was explained, is usually caused by solar changes, to areas of the body exposed to sun. Protection by a beach umbrella will not afford sufficient coverage, for the body still receives a high amount of radiation.

Most susceptible to this form of cancer are the Kelts (the Scots and Irish) who exhibit a high incidence of skin cancer. Many of these people immigrated to the United States, New Zealand and Australia. How does sun damage lead to skin cancer? It is the effect of ultra violet light that forms a bridge to the DNA molecule which is then incapable of forming a reasonable message. The outcome — the forming of clones of cancer cells.

Says Dr. Connelly, "the large recurrent local tumor cells have the identical invasive features of basal cell carcinomas." Dr. Phelan agreed with him in that the whole area of a tumor field must be excised following a program of chemotherapy which in itself requires certain skills.

But the panel emphasized that it was no longer necessary to estimate the range of the tumor field involved in carcinoma of the skin. With microscopic control now a reality by the pathologist, there is a good cancer procedure available.

Also discussed were lesions on the nose, eyelid, lip and cheek in which all agreed that when there are deepseated tumors, one must forget the cosmetic appearance of the patient and go for the "wide excision." Another pointed to the necessity of checking for lesions to other organ systems as well as the obvious one. For out of 50 cases there were three in which lesions were found in other areas as well.

In the Buffalo area the basal cell lesion is the more prevalent. A warning to use a SUN SCREEN for those with light colored hair and eyes, who freckle easily, and are in jeopardy from heavy solar radiation was also given.

Sailors, farmers, sun bathers and construction workers are most prone to skin cancer. The top of the ears and head, the tip of the nose and chin are the areas most exposed to the sun. The lips, cheeks, eyelids, and neck are other areas of concern. □

Drug Ramifications

Three attorneys and two physicians discussed the Medical and Legal Ramifications of treating patients with new and experimental drugs. Attorney Daniel T. Roach said "the Doctrine of Informed Consent means that you as a physician advise your patient on the consequences of a drug or surgery. A patient is entitled to know this. In some cases you may want some formal written statement from your patient. With new and experimental drugs no one knows all the side effects, but you must tell your patient all that you know about the drug at the time he takes it."

Dr. John Webster said that very often "informed consent" is impossible. "I believe that every physician must assess each patient and then decide how much information the patient needs. The

physician must decide whether the information will do the patient any good. If you aren't sure of the consequences of a new drug, tell your patient. At Roswell Park we do get the consent from patients before treatment and experimentation."

Attorney Roach said, "We need better ground rules and standards for malpractice suits. We must get away from a lay jury second guessing physicians two or three years after something happens. However, you can't have a set of rules that covers every case. There must be better ways to resolve these cases in the next few years."

Dr. Jack Zusman said, "there are not adequate medical standards and ethics. Even those outlined by the AMA are inadequate and it is often left to the attorneys to decide and interpret. We definitely need more guidelines on advice and consent." He went on to say that experimentation must be carried on by all M.D.'s — not only in a hospital or institution. "We need guidelines and protection of the M.D. for research. The key question is the welfare of the individual vs. the welfare of society. The patient doesn't want to be experimented with only as a last resort. Society on the other hand wants experimentation to continue as long as it isn't on him. The physician is caught in the middle of this conflict and held legally responsible."

Attorney William A. Carnahan said "the medical profession has not set its own standards to guide its destiny. I believe the courts would buy your own ground rules if you are honest and reasonable in the treatment of your patients. Until the medical profession takes an interest and decides on how to police itself, the courts will do it in a way that is not satisfactory to the physicians. Of course there is never a problem in experimental drugs if the treatment is successful.

"You are not judged by the realities of everyday practice, but rather what the law considers the realities should be — and this is the nub of the problem," Mr. Carnahan concluded. □

The panel on new developments in the delivery of health care agreed that American medicine is faced with one of its greatest challenges. "The crisis is of such magnitude and importance that we cannot be allowed the luxury of opinion. What is needed is planning and evaluation. Plans must be evaluated as to completeness, comprehensiveness, quality, cost and efficiency," Dr. Timothy F. Harrington, chief resident, Family Practice Center, Deaconess Hospital said.

Today's physician is often called on to do counseling. "Let the physician who wants to counsel do so. But also let the physician who does not choose to counsel still provide for his patient's needs. Make the latter aware of the need and let him refer such problems to a competent party. We must decide what the physician can do well and let him do it. But let's not forget the total welfare of the patient."

Dr. Harrington suggested the team approach to medical care. "It is time that we decided that physicians cannot be all things to all people, but they can be the entry point for providing

Spring Clinical Days



Drs. Ernest Haynes (sitting) and Hiram B. Curry discussed "New Developments in Health Care Delivery."

Health Crisis



Dr. James C. Dunn, exhibits chairman, congratulates Paul H. Wierzbieniec (class of 1974) for runnerup in the exhibits. The "Chronic Pulmonary Diseases" exhibit was prepared with the help of Dr. Mario Montes, a clinical associate professor of pathology at the University. He is on the Buffalo General Hospital staff.

Personal Touch

services outside their sphere of interest or competence. We must stop pretending that we like to listen to social problems, if in fact, we do not, and say to the patient "I cannot help you with this, but Ms. X can and I will arrange for her to see you." This is professional honesty and is not passing the buck, it is seeing that the patient receives needed care.

"To use this approach requires extraordinary people. People who know their limitations and are able to work together. It is not always easy to relinquish a "part" of a patient, but sometimes it must be done if total care is to be achieved. Many physicians in practice do this easily and refer patients to pastors, counselors and other experts as a matter of routine. What is needed now is an extension of this practice to physicians who have not yet done so, without making the physician feel he has failed." □

Dr. Hiram B. Curry said the public has lost confidence in our profession because physicians have not responded to problems that lead patients to better health. Dr. Curry is professor and chairman of family practice, Medical College of South Carolina. "Family practice as a specialty offers the best vehicle for change, the best opportunity to resolve the current imbalance in medical care, and to meet the needs of families and individuals. Today there are 101 family practice programs and 665 family practice residents in the United States," he said.

"The public wants comprehensive care with continuity and concern. There must be a personal touch and communication between the sick and the physician. An affluent society is not an easy one to satisfy. The more it has, the more it wants. People want what they want when they want it. We must meet this challenge.

"The imbalance in the ratio of primary to secondary and tertiary physicians is the greatest impediment to providing excellent health care and a leading cause of inefficiency. Society is challenging the medical profession to organize its services so as to render comprehensive care to persons, to coordinate generalist and specialist and to efficiently utilize bed and ambulatory, acute and



The 1947 class reunion dinner.

Spring Clinical Days



The 1922 class reunion dinner.

chronic, diagnostic, curative, preventive and rehabilitative facilities. If the health care system is to work efficiently there must be a workable balance between the problem and the solution. The complexity of the problem must be matched with the training of the medical personnel attending the patient. To have a highly educated and skillful physician evaluate a patient with a sore throat is wasteful. It is like having a Ph.D. mechanical engineer change the tires on your car. No society can wisely afford such a health care system," the South Carolinian said.

In conclusion Dr. Curry said we must persuade medical students that the "good life" is that of the family physician. Then our graduates will flock to this type of program and this will eliminate many of the complaints of the public.□

"The day of status quo in health care is over. Change is the key word and medicine must assume a more responsible leadership role in working more closely with the other health professions in the implementation of new programs and systems of health care delivery. We talk a lot about the health team concept, but the team is never taught. We are doing very little on teaching health professionals to work together." That is what Dr. J. Warren Perry, dean of the School of Health Related Professions at the University told the 100 physicians attending the Saturday morning session. He went on to say that if health care centers don't change, the federal and state governments, augmented by consumer support, will force changes in the health care system.

"Federal programs are being designed to respond to some of these needs and manpower resources are being identified for the strengthening and development of the educational and clinical programs for the allied health professions."

Dean Perry pointed out that health is a political issue today. He listed several other significant changes on the national scene:

—Regional Medical Programs are no longer oriented only to medical research programs of heart disease, cancer and stroke. Today the major emphasis is toward systems of health care delivery and the coordinated approach to these along with availability of care and emergency of care;

The Politics of Health

Spring Clinical Days



—the VA hospitals are changing to a health care center with out-reach programs and out-patient services to veterans and their families; the 155 VA hospital centers represent the largest health care delivery service in the nation;

—100 Health Maintenance Organizations (HMO's) projects have been funded and are operating although no legislation has been approved;

—114 new career programs — physicians assistants, specialty programs — have been funded by the federal government, but none in this area;

—the federal government is moving into new systems of health care — HSO's, HCC's, AHEX — and one or more of these may be the new design of the future for health professionals' new careers and specialty programs;

—the Bureau of Health Manpower is one of the largest sections of the federal government. There are five manpower divisions in this bureau — physicians, dental, nursing, allied health and interdisciplinary relationships among all fields;

—there are 72 colleges and universities in USA with divisions, schools or departments of allied health. There were only 15 five years ago.

"The National Academy of Science has just established its Institute of Medicine. Its first task will be to look at interprofessional relationship of health professionals. They will coordinate this project with AMA, AAMC and others. In the planning stage is the first national and international conference on health professional interdisciplinary education."

On the state level Dean Perry said there are 40 community colleges in the state system that have divisions of allied health. He went on to say that New York State has the largest educational commitment to allied health training in the world.

In conclusion Dean Perry said "the hub of the health delivery system of the future must continue to be the hospital even though there is a shift in emphasis from acute and intensive care to comprehensive care involving satellite clinics. We must also utilize all the health manpower available to do a better job." □

Admissions, Faculty, Budget

Admissions, budget, faculty recruitment, and emphasis upon health care delivery (as opposed to research) are major concerns of the Medical School, according to Dr. Clyde Randall, acting dean. He is also vice president of the Faculty of Health Sciences.

"We are sorry that your son or daughter can't get into your school, but they are all candidates for the following year (1973). We had 4,200 applications for 135 places, and 600 have already been interviewed. There is emphasis on recruiting capable minority students and those who are economically deprived. We have six equally capable candidates for every one of the 135 places in the first year class.

Drs. Bart A. Nigro, M'20,
Herbert E. Wells, M'15,
Walter G. Haywood,
M'15, and Thurber E.
LeWin, M'21.





*Mrs. Stockton Kimball
at the annual luncheon.*

"We are tooling up for the team concept of health care, which you know is a national trend. The recruitment of qualified faculty, a new Medical School dean and a new vice president for Health Sciences, is also high on our list of priorities."

Dr. Randall pointed out the difficulties in competing with other departments of the University for money, when so many people think the Medical School already gets too much of the university dollar. He pointed out that it costs twice as much to train a physician as a Ph.D. He also cited the acute space problem which won't improve until more space is available on the main street campus. This will come about only when other schools and departments move to the Amherst campus. Medical School classes have increased from 100 in 1952 to 135 in 1973, but we have had no additional space.□

In his Stockton Kimball lecture, entitled "Health Care and Education," Dr. Robert J. Glaser, Vice President of The Commonwealth Fund, addressed himself to the general problem of health care delivery. He enumerated some of the factors which have contributed to the current health care crisis, including the lack of adequate planning on the part of government, medical educators and physicians in general. "Despite the accumulation of data after World War II that called attention to the impending physician shortage, relatively little was done about expanding medical school enrollments, and decreasing the period of training. We paid little attention to health care delivery or to the ambulatory patient," Dr. Glaser said.

The enormous growth in support for research, and the resulting expansion in the body of knowledge brought new opportunities in medicine and helped focus the public's attention on the whole subject of medical care. "Yet until very recently, the voice of the consumer has not been heard, and relatively little attention has been paid in most medical circles to health care delivery — especially ambulatory care. One notable exception has been the Kaiser-Permanente Medical Care organization," the former Stanford University Medical School Dean said.

"In the university medical centers particularly, emphasis has been placed on the care of patients suffering from acute, episodic

Health Care, Education

Visiting between sessions.





Dr. Cloutier congratulates Dr. Glaser on his excellent address.

Dr. Joseph C. Lee, professor of anatomy, receives his plaque from Dr. Dunn for his winning exhibit "Fractionation and Transplantation of Experimental Intracranial Tumors."



disease. This is obviously an extremely important area, and one which deserves continuing attention. Yet at the same time, health maintenance merits far more attention than it has received in the past. The care of the whole family must be made more attractive to medical school graduates.

"In our educational programs, we must begin to take into account factors that will impinge on health care delivery. A major consideration in this respect is the application of technology. For example, the computer has been introduced into medicine in a significant way. It is incumbent on us to determine how the applications of technology can enhance medical care. At the same time, we must not lose sight of the economic factors — we must avoid unnecessary duplication and the application of high cost technology which cannot be justified in terms of the benefits provided. For example, every hospital should not do open heart surgery. It is too costly and an unnecessary duplication of service and personnel. In New York City, 17 hospitals perform open heart surgery, and three hospitals do 85 percent of the surgery.

"We must continue to concern ourselves with the expansion of the health manpower pool. Not only do we need more physicians and paramedical personnel, but we must learn how to deploy them efficiently and how to organize health care teams. Although the physician will play a key role, we must mobilize talent of many others (law, political science, bio-medical scientist, engineer, economist, system analysis, and other health professionals). The university is the ideal focal point for this mobilization.

"We must recognize that new knowledge will continue to accrue; as we learn more about cause and treatment of certain diseases, the health care system will be affected. For example, the advent of a successful means of preventing poliomyelitis has erased dramatically the need for acute care facilities during polio epidemics as well as the need for long term rehabilitation facilities.

"It seems certain that some form of national health insurance will be enacted in the relatively near future. Attention should be paid to the impact of such a program on the demand for health care and on the mechanisms by which that demand can be met.

"Finally we must pay more attention to public education. In many instances the public understands very poorly what medical care has to offer and what it does not have to offer; particularly the public lacks understanding about the ways in which the individual himself can improve or protect his health status. For example, the deleterious effects of smoking on the incidence of heart disease and lung cancer are well documented. Yet the populace continues to use tobacco in increasing amounts. This reflects a failure in our educational effort. Similarly, sensible diets, adequate exercise and other relatively simple measures, if applied widely, could do much to decrease the morbidity and mortality of certain forms of heart disease. Here again, we have been inadequate and ineffective in getting the measure across to the public.

"We can do a lot for ourselves and the public can do a lot for itself in preventive medicine, and this is very important to a better health care system," Dr. Glaser concluded. □

Dr. Sarah Nunneley will soon be measuring the effects of gravity and exercise on man's heart and respiratory systems in the new Laboratory for Environmental Physiology. The assistant professor of physiology is a pilot and former flight surgeon at NASA's Flight Research Center in the Mojave Desert near Los Angeles. Her work as a flight surgeon was part of a three-year program at Ohio State University where she received a master's degree in preventive medicine. She has her medical degree from the University of Minnesota. As an undergraduate at Mount Holyoke College she was fascinated with space ships. Her parents and professors thought she must be crazy to consider a career in aerospace medicine.

Since joining the Medical School faculty in September of 1971 Dr. Nunneley has lectured students on the effects of gravity, acceleration, and the impact of jet fatigue or crossing a number of time zones in a short period of time. She is also part of a research team studying the effects of gravity on both animal and human subjects. This will be done in the new lab when the centrifuge is completed. It is the only one of its kind specifically designed to measure the physiological effects of increased gravity on man.

"From this research we hope to learn more about what constitutes physical fitness, what exercise improves health and how much exercise should be done by heart patients and others with similar ailments. After studying the effect of increased gravity on healthy people we hope to be able to apply our knowledge to people who faint," Dr. Nunneley said.

Dr. Nunneley is not particularly excited by flying, although she is a licensed pilot. "I consider it just like driving a car but I am fascinated by all types of airplanes and space ships." □



Dr. Nunneley

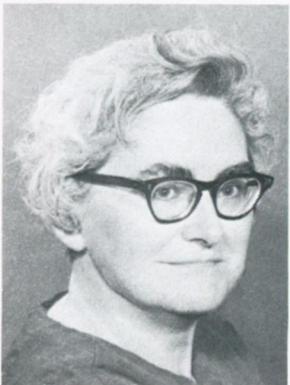
Flight Surgeon Studies Gravity

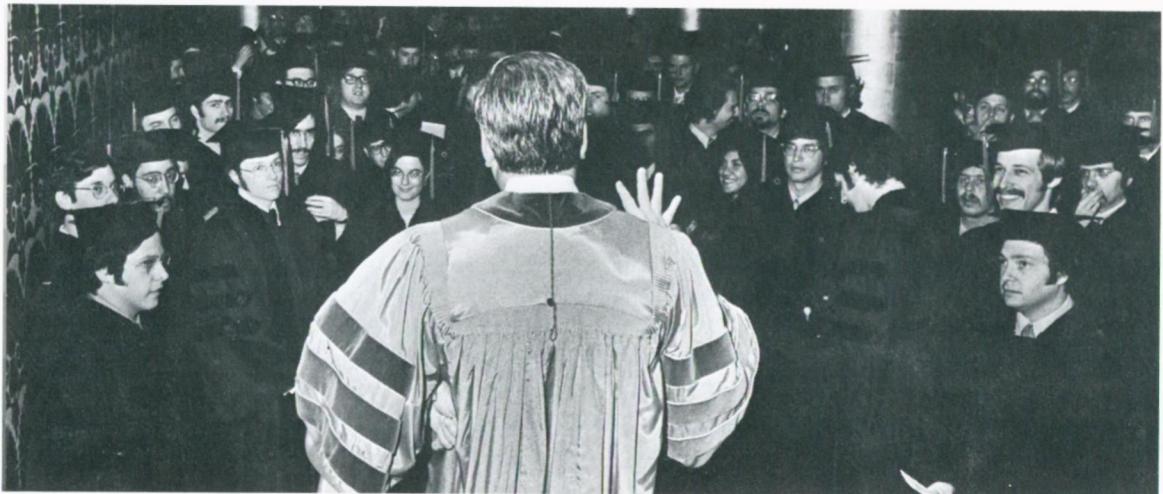
Dr. Ranney Honored

Dr. Helen M. Ranney, professor of Medicine at the University, was among 36 recipients of the first Reverend Dr. Martin Luther King, Jr. Medical Achievement Awards in Philadelphia April 11. The awards banquet is sponsored by the Philadelphia Chapter of the Southern Christian Leadership Conference. Dr. Ranney received the award for her research in sickle cell anemia. She joined the Buffalo Medical School faculty in 1970. She is a 1941 cum laude graduate of Barnard College and received her M.D. from the College of Physicians and Surgeons, Columbia University in 1947. Before coming to Buffalo Dr. Ranney had been on the faculties of three medical schools — Albert Einstein, Columbia and Yeshiva. She has also served in several hospitals in the New York metropolitan area.

Dr. Ranney has authored or co-authored 50 papers and articles on hemoglobin. She is based at the E. J. Meyer Memorial Hospital, but also has teaching assignments at the Buffalo General and Veterans Administration Hospitals. Co-chairmen of the awards banquet were Governor Milton J. Shapp and Muhammad Ali; honorary chairmen were Mayor Frank L. Rizzo and the Reverend Dr. Ralph David Abernathy. □

Dr. Ranney





Final instructions.

The Marshals, charged with the conduct of the class day exercises at the Medical School, led the 126th class to be granted the degree, Doctor of Medicine, to their seats. The families of the 120 graduates — parents, wives, and infants — were waiting in Kleinhans Music Hall to share the traditional but awesome proceedings with them.

Challenges to Faculty, Graduates

by

GARY H. LYMAN
President, 1972 Class

I appreciate this opportunity to convey some observations on our medical education and to express both gratitude and a challenge to each of those involved in this process. As a class we have experienced much over the duration of the past four years . . . most of it good, some of it less so. We have seen a vitalization of the medical curriculum, an increased enrollment of minorities in contrast to the pallor evident in our present graduating class, and we have witnessed an increased awareness of major health issues among younger health professionals. Yet, unfortunately, many of these positive changes have been offset by the narrowing of perspective at the University level through the appointment of a provincial president and subsequently the departure of the dean and assistant dean most instrumental in implementing these changes. Only with time will we know if this trend will extend into the selection of the new dean.

But this is not the time or place for us to debate the correctness or incorrectness of these decisions made over the past few years but rather a time to reflect on our educational experience in the hope of some insight into those factors by which we have benefited and into others that should be changed.

So I will briefly direct my comments — both of thanks as well as challenge to the three principles involved in our education — the administration, the faculty, and, we, the graduating class.

To the administration and others involved in the coordination of our education I would like to extend our sincere gratitude. We readily realize that most of what you do for us goes unnoticed

until something goes awry. But we truly appreciate your help in assisting us in the scheduling of course work and in guiding and promoting our search of internship appointments. I'm sure that the full significance of your endeavors will not be realized until we ourselves assume similar administrative positions.

To the administration I offer two challenges. First, I would like to see you play a more direct role in the medical education process. By this I mean that first of all you should involve the students more directly in your affairs including that of decision making. You must not be afraid to allow the students to play significant and decisive roles in the formation of school policy, admissions criteria, and curriculum reform. What the student lacks in experience he may make up for in his direct contact with other students and in his direct involvement in the educational process. He probably knows better than anyone else how good a course is, what new courses he needs to complement his education, and which should be altered. I would also ask the administration to have more faith in the ability of the students to make thoughtful and informed decisions of a policy nature. This, I think, should all be considered as an important phase of our education. As I said, many from this class will sooner or later hold positions of responsibility as administrators. It appears that the physician is being forced more and more into such positions of responsible decision beyond that of patient care. So I believe that the time to start training for this responsibility is during medical school and not later when he won't have the trained supervision to guide his decisions.

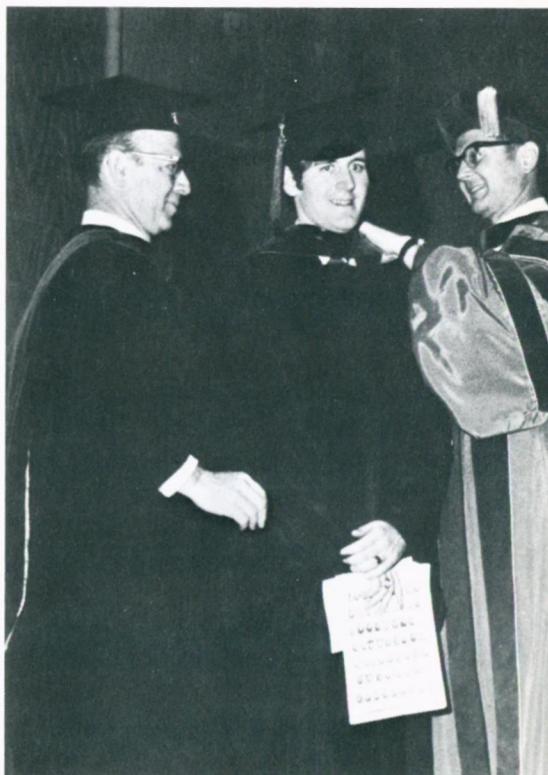
The second challenge I offer the administration is not to wait until there is overt hostility before taking action. You must be open to change and willing to consider student proposals before open confrontation is necessary.

To the faculty I would like to extend the class' thanks and appreciation for days and weeks spent, often with little compensation, in instructing us and guiding our interests. Certainly this education is only possible because of your efforts. We only hope that we can in turn pass on some of this knowledge to others with the dedication you have shown.

To the faculty, I also offer two challenges. First, I would challenge you to be open to changing medical perspectives and to recognize that we need to train not only competent scientists but sensitive physicians with a broader concept of social responsibility that extends beyond that of simple physical disorders. Most of us will be involved in the continuing care of people helping them to solve problems of a diverse nature. We must all come to realize that the problem of good health care is not merely that of a localized disease.

But it is the poverty that prevents proper clothing and nutrition; to the inadequate education that delays the seeking of proper medical care; it is the social injustice that allows improper housing with lead paint on the walls and rats in the basement; it is the commercial pollution that poisons our lungs and our food; and it is the immorality of a war that maims and murders in the name of peace and justice.

The hooding of class president Gary Lyman by Drs. Philip Wels and Donald Rennie.



The Lakes Area Regional Medical Program's Telephone Lecture Network worked overtime during the June floods. The TLN was the only means of communications for the hospitals at Wellsville, Hornell and Bath. It was also used by the VA Hospital in Bath to communicate with Washington, D. C. officials.□

It is the system that assumes that the physician's primary duty is not that of keeping you well but getting you well when you are obviously ill; in which the physician is asked to rely for his livelihood on those that not only come to him sick but must pay to get well; and in which the most successful physician is he who sees the most patients, charges the highest fees, and keeps his patients sick the longest.

Secondly, I would ask the faculty not to squelch but instead to direct and sustain student idealism. This idealism needs support and guidance, not sarcasm. From the first year we have periodically encountered the attitude that idealism is a dirty word. However, directed and informed idealism is the quality that generates needed change in institutions that have become static and ineffective. Many of you share our idealism, but also many of you have gone through the same dampening process as we have. We've been told to face reality and to protect ourselves in the competitive outside world. But I have come to believe more and more that man's greatest potential and perhaps a physician's greatest responsibility is to actively create the world in which he lives and not simply be a passive interactor with fate.

To my fellow graduates, I want to extend thanks for four years of friendship and increased awareness. I have been impressed not only with your ability to learn quality medicine but more, I think, with the wide range of interests held beyond the confines of the hospital. You have made me realize more than ever that a good physician is not one who simply memorizes many medical facts but who blends his knowledge with an awareness of the value of life in the broadest sense.

To you I offer the challenge of radicalism. Here I don't necessarily mean protest marches and draft board raids, although I certainly wouldn't rule them out. What I mean is that none of us, as we go into whatever area or situation to use what we've learned, should accept the health care and social situation as it exists. Radicalism is the fervent discontent with the way things have been that goes beyond simple talk to action directed at changing the situation. Whether you end up in a plush suburban practice or in a free clinic in the inner city, medical care in this country must be improved and more evenly distributed, social situations must be altered, and lethal governmental policies must be eliminated. No matter how good a particular situation may appear, we must remain sensitive to areas of possible improvement, especially in the quality and distribution of health care to everyone.

I guess my biggest fear is that we might fall into the trap of complacency. The complacency of: "Well, it isn't that bad," or "Well, what can I do, I'm only one person?" "It might not be perfect, but it's better than elsewhere." How can we ever become complacent when in the wealthiest country in the history of the world, we are currently 13th in maternity death rates, 18th in male life expectancy, 11th in female life expectancy, and our infants die at twice the rate of the Scandinavian countries. How can we ever become complacent when the giant \$12 billion dollar private health insurance industry pays only 1/3 of the total cost of private health

care leaving 2/3 to be paid out of the pocket of the patient at the time of his illness and in the words of Senator Kennedy; "minor episodes of illness become heavy financial burdens and serious illness is transformed into enormous debts and even bankruptcy. Those who can pay for care find themselves priced out of the market and for millions of Americans in rural areas or inner cities, care is just not available at any price."

The minute we stop searching and challenging for new and better alternatives; that moment we begin to grow old and decay. And, although awareness of the situation is the first step, we must not stop there but we must prosecute with all our effort the changes that are necessary. The sedate acceptance that seems to pervade any long established institution certainly has not evaded the medical profession and the American Medical Association has long served as an outstanding example.

So, in conclusion, my challenge is not one of mere questioning and sensitivity to the health care problems around us, but one of action; an actual direct encounter with the issues and problems involved. Don't be ready to accept the status quo and fall back into a state of self-complacency, but actively seek change in a direction of improved and equality health care in the widest sense, realizing that until all people are free of hunger, poverty, oppression, and war will we be able to say that we are satisfied.□

"Dr. Randall, Fellow Members of the Faculty, Graduates, Parents and Friends . . .

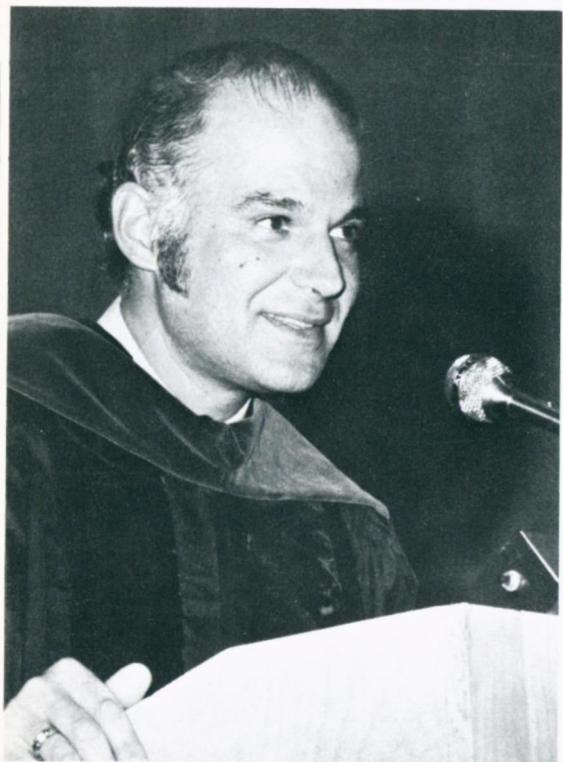
I must begin by thanking the students for this honor. I know of nothing that could possibly give me more pleasure or have more meaning to me than this dedication, even though I don't deserve it . . . no one person does. I believe this gesture reflects your appreciation and perhaps a little affection for the Staff of the Department of Pediatrics, our House Staff and Children's Hospital.

I almost feel like I'm graduating again myself. My wife and children are here and so are my own parents along with yours and I'm just as nervous now as I was then . . . or perhaps even more so. I wondered then, as you are wondering now, what would become of me as a physician. How would I react with my first patient when there wouldn't be anyone around to countersign those orders? What would I do after my internship? I have a very close friend with whom I grew up. We went through high school together and then entered the same University, he in business administration and I, in premed. After graduation, he went on to graduate work in accountancy and finally into his father's business, a fairly large steel pipe industry which he soon found himself running, due to the untimely death of his father. Meanwhile, after my internship, I trained in pediatrics, then a fellowship in genetics, the last year of which was spent in London, England. Naturally, I had not yet earned a farthing of income. That year, my friend came to England on a business trip and arrived in the laboratory to visit me. After the usual tour of the department, a department

Response to Medentian Dedication

by

RONALD G. DAVIDSON, M.D.
Professor of Pediatrics



Dr. Davidson

of biochemistry by the way, he asked me to tell him what I was actually doing. So I went to the blackboard and told him all about genes, and chromosomes, and funny looking enzyme bands on starch gels, and after I finished my dissertation, he looked at me for a few seconds and said "Ronnie, what are you going to be when you grow up?"

Well, in many ways I hope I never grow up, and I tell you this little story to emphasize the vast number of opportunities available to you as physicians. As each year of your training begins, regardless of what you do, you will be faced with the major decision, what next? You will worry and sweat, weigh the pros and cons, develop your post prandial and prechordial pains, but try to remember, almost all your decisions lie among a large group of good choices — there are hardly any bad ones, so do your thinking and relax. Those kinds of decisions are indeed important, but whatever you choose you will be right, and you can proceed with gusto and no real need to grow up, if growing up means that you cease to feel excited by whatever you do and that you cease enjoying your work.

If "not-growing-up" is to be my theme, let me illustrate that notion again, this time by telling you about a study comparing pediatric interviewing skills of freshman and senior medical students, carried out at the University of Colorado Medical Center in Denver. They used video-taped interviews with programmed mothers — by that I mean, young women who were given a set of information about a supposed child with serious organic disease and related psychosocial problems. The aim of the study was to test the hypothesis that freshmen would obtain more interpersonal and less factual information from mothers of sick children than would seniors, who would have "grown-up" in the system. The results clearly indicated that, indeed, freshmen obtained significantly more interpersonal information — like the effect of the illness on the child and the family, and they asked fewer leading questions. Seniors obtained more facts. Now that is not very startling. But let me give you an anecdote from the study. One programmed mother was supposed to have a three year old retarded child with meningomyelocele and hydrocephalus, severe defects of the central nervous system. She was also supposed to be both three months pregnant and most concerned about the outcome of the pregnancy. Not one senior discovered those latter facts, the pregnancy and the worry, in his interview. The first freshman asked, "Are you going to have any more children?" After learning of her pregnancy, he replied, "you must be worried that you will have another baby with the same problem." Clearly the freshman knew little of organic disease and had to talk about something, but the study suggests a very worrisome possibility, that as medical students move through their training, a certain degree of their innate ability to communicate with mothers of sick children, and, of course, with patients in general, is programmed out of them by the desire to obtain factual information. So don't "grow up," if it means to lose your compassion for the family in your haste to solve the most immediate, the most apparent, medical problem.

Finally, a subject that must surely be covered in every talk to every graduating class: how little you know today, how much more there is for you to learn, how important it is for you to continue your medical education. The problem is how. I certainly don't know the answer to that one and I am sure you will find ways to do this. I mention the problem, although it is almost cliche, perhaps to justify some of the gadgetry; the TV, computers, sound/slide lectures and so on, that you have used in pediatrics and in other departments. Don't stop using them. If you are practicing near a center where these teaching aids are available, keep at them. While you are waiting for that baby to appear at three o'clock in the morning, run through a tape on "what's new with resuscitation of the newborn," or whatever else you feel you need to review at that moment. I don't mean to imply that programmed learning is the answer to continuing medical education, but it certainly can be helpful, especially with the developing techniques for immediate self-evaluation and identification of various areas of weakness. Don't "grow up" to be so sophisticated that only a week of high-powered lectures at Harvard, or Hopkins or Buffalo is your only form of graduate education.

Lest you think that all my thoughts are with the graduates today, let me add a final word of advice to the rest of the assemblage: as we proudly watch these young and eager physicians take up their internship posts and await that first patient of their very own, I suggest to you, parents and friends, here and across the country, that if at all possible, if there's anything you can do to avoid it, don't get sick in July!"□

"Today it is my privilege to express to each of you the congratulations and the best wishes each of the Faculty would express if there was opportunity now for each of us to shake the hand of each of you.

As unreasonable and as questionable as you may have considered us to be at times, from here on the road widens rapidly, and the freedom of choice is yours. While we of the faculty will, for the most part, return to virtual repetition of the course again next year, your horizons now appear as electives, virtually unlimited.

We realize that to date, your road has been long and not easy, but we can assure you that the life of the profession provides opportunity for many satisfactions, satisfactions that will always be yours to appreciate and even more often, will be satisfactions you can bring to others.

Today, perhaps more than before, all of us recognize the generation gap. Today, however, I will wager most of you see that gap in the years ahead, but I'll wager also, that by tomorrow you will become conscious of the gap that is widening behind you. Very soon yours will be the dual task of not only continuing to learn, yours will also be the responsibility of attracting, by your interest and example, ever younger generations to the studies, the practices and the arts we call medicine.

More Responsible Health Care

by

CLYDE L. RANDALL, M.D.
*Acting Dean, School of Medicine
Professor of Gynecology-Obstetrics*

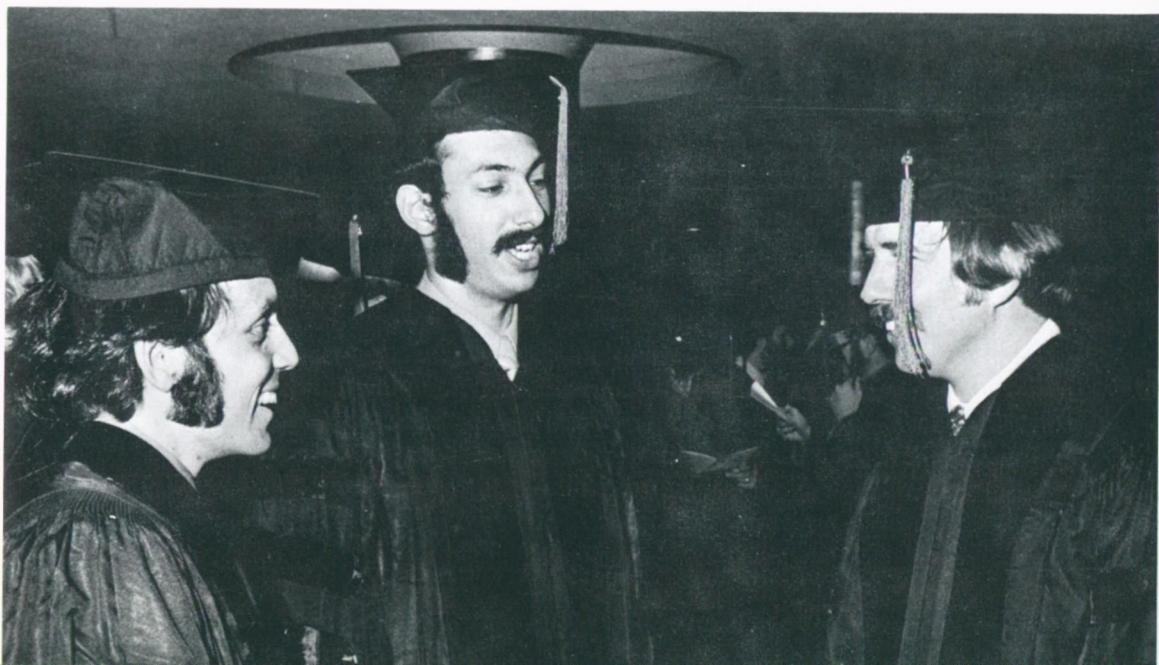
Interesting and satisfying as we believe our profession to be, today we shall recognize but not belabor, the deflated prestige we carry into today's political and social arena.

Today even the medical establishment recognizes that for too long American medicine has considered that the health needs of our people would be provided for, if the doctor was free to develop his own knowledge and skills, was free to make his abilities available to those who would seek his services, and, the citizen, patient-consumer, if you will — was free to consult and be cared for by the physician of his or her choice. In a day when virtually all physicians might have been considered about equally competent to recognize the cause of virtually any disease or disability the patient might evidence, such a one-to-one system would in all probability have been considered satisfactory by most of the people who were in need of health care.

Today, however, we are facing stark realities and the deficiencies of what our critics like to refer to as our non-system of health care. We can resort to oversimplification and admit that our present critical shortages of health manpower are largely the result of the fact that our health professionals, physicians, dentists, nurses — all of us, have been pretty free to obtain the amount and type of special training we have wanted, in order to be able to practice where we want to, and how we want to, with relatively little consideration being given to where those services are in short supply and most needed.

Today one frequently hears current conviction that the public would be provided with improved health care if we greatly decrease the number of specialists and greatly increase the number of so-called primary family physicians, but this change alone would not be likely to solve large parts of the problem we all share. The well intended physician who develops a possessive interest in the care of individual patients can all too easily convince both himself and his patient that he is quite capable of handling the problem.

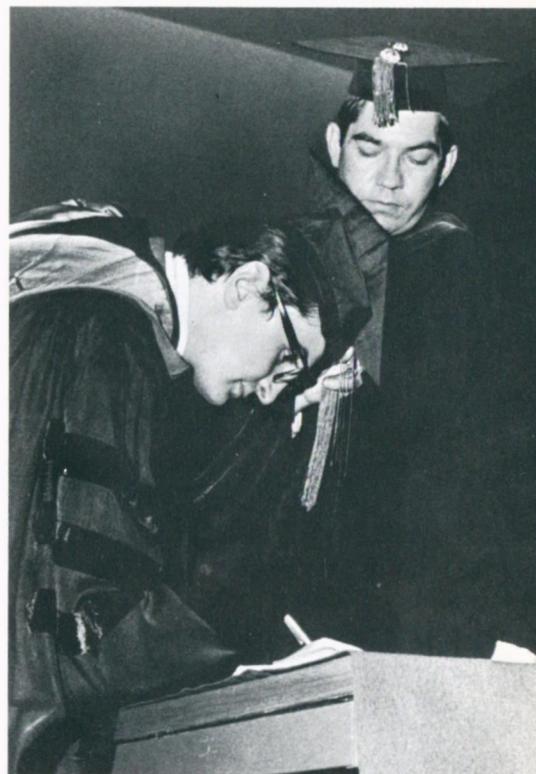
Robert Folman, Stanton Schiller, Stuart Rubin



This degree of interest and willingness on the part of the physician can result in the failure of a patient to benefit from the best treatment for his or her disease that is readily available in the community.

I do not personally believe our patients or our profession would be well served by the often called for "complete overhaul" of our present system of health care, nor do I believe every physician should go into a prepaid group practice or a health maintenance organization. On the other hand, neither do I believe the physician who is satisfied with his income from an established practice should remain unmoved and uninvolving in the profession's efforts to provide more care for many more patients than most of us have individually felt responsible for in the past. Far better for both consumer and provider if we accept responsibility for the work that assisting personnel can do in health teams. No improvement in the situation is likely so long as the physician insists (1) that he cannot relegate his responsibilities to a system and (2) that he is caring for as many patients as he can personally be responsible for. If many of us take that attitude, current demands for more health care particularly in thinly populated rural areas and in the overly populated areas of the inner city, seem certain to result in legislation that will establish several degrees or types of assisting health personnel as licensed, independent practitioners said to be capable of providing for a portion of the health needs of our population.

To protect all of us from the ambition and even the good intentions of independently practicing but only partially educated allied health professionals, the medical, dental and nursing professions must insist upon standards established as a result of generations of experience in the responsibilities for health care. This job is a big one and as we assure you of our congratulations and best wishes, we can also assure you that your interest and your efforts will be appreciated."□



Robert DiBianco, Dr. Cummiskey

Dr. Michael Sullivan Honored

A slide presentation of works of art in medicine was the highlight of Dr. John Talbott's talk before the Buffalo Academy of Medicine. The dinner honored out-going president Dr. Michael A. Sullivan, M'53. In the audience of 100 were many former students of Dr. Talbott. He was co-chairman of the department of medicine at the Medical School and head of the same department at the Buffalo General Hospital from 1946-59.

Reproductions of many of the art works shown in the slides appeared on covers of the Journal of the American Medical Association which Dr. Talbott edited when he left Buffalo. He is now editor emeritus of the journal and a clinical professor of medicine at the University of Miami, Florida. He also edits his own journal, *Seminars in Arthritis and Rheumatism*.□

7 Faculty Members Serve 243 Years

SEVEN RETIRING medical faculty members from the University — six volunteer part-time and one full-time — with a combined total university service of over 243 years — were honored at the Annual Medical School Faculty meeting, May 19 in the Faculty Club. The retirees, who officially will be ending their university careers on August 31, are Dr. Max Cheplove (clinical associate professor of family practice in the department of social and preventive medicine and clinical associate in medicine); Dr. Francis J. Gustina (clinical associate professor of pediatrics); Dr. Milton Kahn (clinical assistant professor of gynecology-obstetrics); Dr. Niels C. Klendshoj (clinical professor of toxicology in the department of legal medicine); Dr. Harry G. LaForge (clinical professor of gynecology-obstetrics); Dr. Werner J. Rose (clinical assistant professor of medicine); and Dr. Mitchell I. Rubin (professor and former chairman of pediatrics).

Dr. Cheplove, educated in Buffalo (BS 1922, MD 1926 UB), began in 1954 as an assistant in medicine. The 70-year old family practitioner has served and held offices in many county, state, and national medical organizations. He has been president of the Erie County Medical Society, the county and state chapters of the Association of American General Practitioners, and the Association of Participating Fund for Medical Education.

A pediatrician, Dr. Francis J. Gustina, following his graduation from UB medical school in 1925 and graduate training at the Buffalo City Hospital and St. Louis Children's Hospital, in 1928 joined the university staff as a resident hospital instructor in pediatrics. A year earlier he started to instruct in the nurse training school at Buffalo City Hospital. Among his memberships are many city, state, and county medical associations. The 71-year old physician was the first resident in pediatrics at the E. J. Meyer Memorial Hospital, then headed the department he literally created, and later became chief consulting pediatrician.

Dr. Milton Kahn, gynecologist, obstetrician, is Buffalo-born and educated. He received his medical degree in 1925 from UB, completed an internship and residency at the Buffalo General Hospital from 1925-27 and continued postgraduate studies in Europe. He joined the faculty in 1929 as an assistant in gynecology and was also an assistant to the late Dr. James E. King. The 70-year old alumnus is a Diplomate of the American Board of Obstetrics and Gynecology and was the first clinician at the Planned Parenthood Center in 1933. He has published in his field and has served as president of the Buffalo Ob/Gyn Society (1959) and holds memberships in other city, state, and national medical associations. He holds staff positions in Ob/Gyn at the Buffalo General, Children's, Deaconess, and Millard Fillmore Hospitals.

Dr. Niels C. Klendshoj, a Danish-born scientist, entered medicine by accident. While the chemical engineering graduate from the University of Copenhagen (1926) visited friends in Buffalo, he took a temporary job with a small pharmaceutical concern, the Arner

Company. He ended up in its research department and attended medical school conjointly, graduating from UB in 1937. There was much collaborative effort with Dr. Ernest Witebsky, the late distinguished professor of bacteriology and immunology and many publications resulted. In 1941 he was honored as coisolator of the B-blood complex, considered a major step in making modern blood transfusions safe and practicable. In 1941 he became assistant in medicine at the University.

Gynecologist and obstetrician, Dr. Harry G. LaForge, in 1937 became assistant in pharmacology. Also Buffalo-born and educated (PhG 1923, MD 1934 UB, and residency at Buffalo General and E. J. Meyer Memorial Hospitals), he served as president of the sophomore, junior and senior years at Medical School. A Diplomate of the National Board of Medical Examiners, Founding Fellow of the American College of Surgeons and of the executive committee, Association of Participating Fund for Medical Education, he also holds memberships in many city, county, state, and national organizations. He has served as president of the Buffalo Chapter of the American College of Surgeons, the Buffalo Ob/Gyn Society and the UB Alumni Association. In 1961 he received the Samuel Paul Capen Alumni Award. In 1944 he established student loan fund for medical/pharmacy students. Four years later he established a research fund at the Buffalo General Hospital where he has been past president of its medical board. The 70-year old physician served as a member of the UB Council for 12 years prior to its merger with the State University in 1962.

Cardiologist Werner J. Rose was born in Hamburg and educated in Buffalo. Following two years of premedical education at Canisius College where he won the Pasteur gold medal for highest honors, he completed his medical education at UB (MD 1926 and residency at the Buffalo General and Meyer Hospitals). In 1927 he was appointed an assistant in medicine at the University. The 70-year old vice president for medical affairs at International Life Insurance Company feels that he had opportunities that are not available today. He served as a student assistant to physiologist Frank Hartman who performed the first experiments leading to the discovery of cortisone and with pathologist Anton Ghon, discoverer of the Ghon Tercle Lesion. With clinical training in cardiology and a fellowship in pathology, he continued postgraduate training with Dr. Samuel Levin at Army Base Hospital (23rd) during World War II. Dr. Rose saw service in Africa, Italy, and France and out of 32,000 patients treated at the 23rd Army General Hospital there were only two deaths from TB meningitis, three from infectious hepatitis, one from meningitis septisemia, and one from Hodgkin's Disease. Penicillin had just been introduced. He was also the last Fellow to study under pathologist Benjamin Roman. To earn his keep he performed postmortems at Buffalo General, Children's, Marine, State and Emergency Hospitals plus clinical pathology duties. Private physician to John J. Albright he lived for a time in the Albright Mansion in Buffalo and while he took care of Ansley Wilcox recalls that he slept in the Theodore Roosevelt Room at the Wilcox Mansion.

The Telephone Lecture Network begins its third year Tuesday, Sept. 12 with a special program for physicians. It will be beamed into 40 hospitals in Western New York and Pennsylvania at 11:30 a.m. On the third Tuesday of every month (11:30-12:30) Dr. Harry Alvis, clinical associate professor of social and preventive medicine, will moderate a series of physician programs direct from Millard Fillmore Hospital. There will also be a special "breakfast hour" program beginning October 5 and continuing on the first Thursday of every month. These programs are sponsored by the Lakes Area Regional Medical Program.□

Dr. Mitchell I. Rubin, pediatrician, joined the University staff in 1945 as professor and head of the department of pediatrics and as pediatrician-in-chief of the Buffalo Children's Hospital. For the past five years, following his resignation of the above positions in 1967, he has continued as professor of pediatrics. A prolific author and productive researcher in pediatrics, Dr. Rubin has dedicated more than 45 years of his life to teaching and to patient care. He has also served as an advisor to the National Kidney Foundation and the Children's Bureau of the Department of Health, Education and Welfare among other health organizations. This semester, Dr. Rubin has been on sabbatical in England.□

79 Residents, 49 Interns Receive Diplomas

Diplomas were granted to 79 residents and 49 interns who have completed their specialty training at University affiliated hospitals — Buffalo General, Children's, E. J. Meyer Memorial, and Veterans. Chairing the University Residency Program Committee is Dr. William J. Staubitz, professor of surgery/urology.

GYNECOLOGY/OBSTETRICS

Residents — Drs. Marcos B. Gallego, Myrna T. Solis Gallego, Mi Yong Kim, Jongsook Park

GYNECOLOGY/OBSTETRICS and MEDICINE

Internship — Drs. John M. Antkowiak, William P. Dillon

MEDICINE

Residents — Drs. Richard D. Antal, Donald P. Copley, Dennis P. DuBois, Stephen A. Katz, Anthony Kulczycki, John Q. A. Mattern, Jeffrey L. Miller, John R. Molinaro, Thomas A. O'Connor, Carl A. Perlino, Douglas L. Roberts, Joseph J. Ryan, Peter R. Stahl, Ronald W. Zmyslinski

Cardiology — Drs. John L. Carrigan, Joseph W. Cervi

Gastroenterology — Dr. George E. Davis

Medical Otolaryngology — Dr. Stephen X. Giunta

Renology — Dr. Hossein L. Keyvan

Internship/Residency — Dr. Edward H. Wagner

Internships — Drs. Micha Abeles, Michael A. Arcuri, James A. Brennan, Gabriel E. Chouchani, Kenneth J. Clark, Philip Compeau, John C. Daimler, Lawrence J. DeAngelis, David E. Hoffman, Mona S. H. Kaddis, Harry Kolodner, Stanley B. Lewin, Richard A. Manch, Martin N. Mango, Howard R. Marcus, Thomas K. Mayeda, Michael F. Miniter, Paul M. Ness, Kenneth M. Piazza, Jack A. Resnick, Warren M. Ross, Paul Schaefer, Bruce R. Sckolnick, James A. Scovil, Charles A. Stuart, Daniel R. Synkowski, Morris Tobin, James Trief, Ilja J. Weinrieb, Howard E. Weinstein, Robert C. Weiss, Daniel H. Yellon, Bennett G. Zier

PATHOLOGY

Residents — Drs. Farbood Farhi, Shaukat Nayat, M. L. Janardhana, Shamin G. Khan, Sang-Tsun Kuo, Ralph Landsberg, Anne Saldanha, Alina Wiecha

PEDIATRICS

Residents — Drs. Sogba K. Bosu, Ronald T. Bruni, James L. Cavalieri, Alice S. Chen, Maria Colombi, James A. Dunlop, Frank G. Emerling, Roy M. Fazendeiro, Albert B. Finch, Warren L. Gilman, Steven V. Grabiec, Sherwood B. Lee, Paul L. McCarthy, Ellen C. Moore, Cheryl C. Rosenblatt, Uma Viswanathan

Internships — Drs. Thomas G. Barton, Sogba K. Bosu, James L. Cavalieri, James A. Dunlop, Frank G. Emerling, Roy M. Fazendeiro, Albert B. Finch, Warren L. Gilman, Steven V. Grabiec, Sherwood B. Lee, Paul L. McCarthy, Ellen C. Moore, Cheryl C. Rosenblatt

PSYCHIATRY

Residents — Drs. Martin L. Gerstenzang, Annik Mawas, Chuitataya Panpreecha, Joong Oh Rhee

SURGERY

Residents — Drs. Refugio Andaya, Sirous Arya, Byunghak Jin, Abdul Khan, Elias Kokkinopoulos, Pang Lay Kooi, Surendra Kumar, John LaDuca, Hyuk Lee, Shai-Yuan Liu, Leo Michalek, Martin J. Murphy, H. John Rubenstein

Neurosurgery — Dr. Walter Grand

Orthopaedics — Drs. Charoen Chotigavanichaya, Paul R. Danahy, Anthony L. LoGalbo, Vergilio C. Victoriano

Otolaryngology — Drs. Robert J. Brown, Federico G. Doldan

Thoracic/Cardiovascular — Drs. Emil A. Anaya, Gizaw Tsehai

Urology — Drs. Mohammed E. Darwish, A. Reed Hoffmaster, Richard J. Saab

Internship/Residency — Drs. Barry P. Berlin, James Hassett

Internship — Dr. Nohra Chaoukey□

Dr. Kenneth H. Eckhert talked about the "turmoil in our health care delivery systems and future trends" at the 5th annual awards night of the School of Health Related Professions at the University. About 150 graduates, their families and faculty attended the convocation.

"Despite the criticisms, we have the finest, most effective health care system the world has ever known. But because it grew in response to population demand it is basically a 'non-system' with problems of cost and health care distribution with obvious gaps in service that must be closed," Dr. Eckhert said.

"You as members of the allied health professions, have an increasing role to play in these better coordinated services." He stressed the need for hospitals in a locality such as Western New York to work as a unit and said the university will play a great part in coordinating medical knowledge, but warned against the creation of a "health czar" who would over-centralize health services.

The 1935 Medical School graduate is a clinical instructor in legal, social and preventive medicine at the University. He is also a surgeon at Deaconess Hospital and chairman of the Western New York Comprehensive Health Planning Council.□

*Dr. Eckhert
Speaks to Health
Professionals*



The count down



Kenneth Lindyberg

Intern Matching

"There is reason to be proud of the results of this year's National Intern and Residency Matching Program," assistant Medical School dean Thomas Cummiskey informed the obviously nervous 120 members of the graduating class (all of whom had been matched), and their families — wives and offspring. "Many of you will be working in some of the most prestigious hospitals in this country," he pointed out to the seniors who will be distributed among 23 states.

The largest number (27) will enter straight medicine, followed by 16 in rotating, 15 in straight surgery, 11 in straight pediatrics. While ten will enter directly into residency programs, seven have selected family practice programs (four at Deaconess Hospital). Entering University affiliated hospitals will be 84 of the 1972 graduating class while four will intern at unaffiliated hospitals and the remaining 24 at limited ones.

Three university programs filled. They are straight pediatrics at Children's Hospital (12), straight medicine (16), and rotating medicine (12) at the Buffalo General and E. J. Meyer Memorial Hospitals. The straight surgery program at the Meyer received 2 of 6 requested, while 1 of 5 at the Buffalo General was filled.

Thirty-nine will remain in Buffalo to complete their internship training, while more than half will remain in New York State (19 in New York City and 3 in other parts of the state). The second largest contingent of seniors will intern in Massachusetts (9) while California and Maryland will each receive 7. Two will enter Public Health Service in Boston, and one will join the Army Medical Services.

Hard work on the part of the seniors, faculty effort, and outstanding performance by previous graduating classes, Dr. Cummiskey feels, have been the key to acceptance into the training programs regarded as real "plums." Two seniors will intern in straight medicine at Johns Hopkins, three will train at the University of Virginia (two in straight medicine and one in rotating pediatrics), and one will enter the straight pediatrics program at Los Angeles Harbor General Hospital.

The national matching program attempts to match the student preference with those of hospitals throughout the nation.



The Sanford Karsches



ANDREW ABRAMS, *University of Florida, Gainesville, straight surgery*
ALAN AST, *University of Miami Affiliated Hospitals, Florida, anesthesiology*

RICHARD A. BERKSON, *Buffalo General/Meyer Hospitals, medicine*
RICHARD F. BLANCHARD, *Baltimore City Hospitals, Maryland, medicine*
HAROLD B. BOB, *Wilmington Medical Center, Delaware, surgery*
WILLIAM J. BOMMER, *Buffalo General/Meyer Hospitals, medicine*
BRUCE T. BOWLING, *Charles S. Wilson Memorial Hospital, Johnson City, N. Y., family practice*

MARTIN BRECHER, *Children's Hospital, Buffalo, pediatrics*
DAVID S. BUSCHER, *Santa Barbara Cottage Hospital, California, rotating general*

NEIL D. CARR, *University of Maryland Affiliated Hospitals, psychiatry*
GERALD A. CONIGLIO, *St. Joseph's Hospital, Denver, Colorado, surgery*
ROBERT A. COOPER, *University of Maryland, Baltimore, surgery*

JOHN J. D'ALESSANDRO, *Nassau County Medical Center/Meadowbrook, East Meadow, N. Y., surgery*

ROBERT DIBIANCO, *Buffalo General/Meyer Hospitals, straight medicine*
RICHARD O. DOLINAR, *Buffalo General/Meyer Hospitals, rotating medicine*
PATRICIA K. DUFFNER, *Children's Hospital, Buffalo, straight pediatrics*

LARRY ECKSTEIN, *Public Health Service, Boston, Massachusetts, rotating general*
ROBERT EINHORN, *N. Y. Medical College - Metropolitan Hospital, New York City, radiology residency*

RUSSELL ELWELL, *Deaconess Hospital, Buffalo, rotating general*

ARNOLD S. FABRICANT, *Maricopa County General, Phoenix, Arizona, straight surgery*
DAVID FASCITELLI, *Mount Auburn Hospital, Cambridge, Massachusetts, rotating general*
ROBERT FIALKOW, *Talmadge Memorial Hospital, Augusta, Georgia, straight medicine*
ROBERT FOLMAN, *Buffalo General/Meyer Hospitals, rotating medicine*
IAN M. FRANKFORT, *Deaconess Hospital, Buffalo, family practice*

ALAN G. GASNER, *Buffalo General/Meyer Hospitals, rotating medicine*
RICHARD S. GOLDMAN, *Buffalo General/Meyer Hospitals, straight medicine*
MICHAEL GORDON, *Washington Hospital Center, Washington, D. C., rotating general*
STUART GREENE, *Washington Hospital Center, Washington, D. C., rotating general*
DENNIS R. GROSS, *University of Miami Affiliated Hospitals, Florida, straight pediatrics*

JERRY HAMM, *Medical College of Virginia, Richmond, rotating surgery*
VIRGINIA F. HAWLEY, *Good Samaritan Hospital, Portland, Oregon, rotating general*
MARTIN T. HOFFMAN, *Children's Hospital, Buffalo, straight pediatrics*
SANFORD J. HOLLAND, *The Brookdale Hospital Center, Brooklyn, New York, rotating anesthesiology*

FREDERICK S. HUST, *University of Virginia, Charlottesville, straight medicine*

ISMIL ISMAEL, *Buffalo General/Meyer Hospitals, rotating medicine*

DAVID L. JOHNSON, *Deaconess Hospital, Buffalo, family practice*

LINDA A. KAM, *University Hospitals, Columbus, Ohio, straight pediatrics*
ANDREW J. KANE, *Deaconess Hospital, Buffalo, family practice*
SANFORD KARSH, *Long Island Jewish Medical Center, New Hyde Park, New York, straight medicine*

ROSS S. KENDALL, *St. Christopher's Hospital for Children, Philadelphia, straight pediatrics*
MARK KISHEL, *Boston City Hospital, Massachusetts, straight pediatrics*
ROBERT KLAU, *Metropolitan Hospital Center, New York City, straight medicine*
STANLEY KLUGHAUPT, *Beth Israel Hospital, New York City, internal medicine residency*
JOHN E. KNIPP, *Hahnemann Hospital, Philadelphia, straight medicine*
GEORGE KOTLEWSKI, *E. J. Meyer Hospital, Buffalo, rotating medicine*
KONRAD P. KOTRADY, *University of Utah Affiliated Hospitals, Salt Lake City, family practice*
ARETA O. KOWAL, *University of Iowa Hospital, straight pediatrics*
JOHN W. KRAUS, *Johns Hopkins Hospital, Baltimore, straight medicine*
ROBERT KROOPNICK, *Sinai Hospital, Baltimore, straight medicine*
PAUL S. KRUGER, *Children's Hospital, Buffalo, ob/gyn rotating*
ROBERT A. KUWIK, *Mount Auburn, Cambridge, Massachusetts, rotating medicine*



The Gary Lyman family

Paul Vilardi





The John Krauses

THOMAS J. LAWLEY, Buffalo General/Meyer Hospitals, rotating general
MARC J. LEITNER, L.A. County-Harbor General, California, straight pediatrics
WILLIAM D. LEVIN, Medical Center of Vermont, Burlington, straight surgery
STEPHEN J. LEVINE, Buffalo General/Meyer Hospitals, rotating medicine
JOANNE E. LEVITAN, Indiana University Medical Center, Indianapolis, straight surgery
ROBERT H. LEVITT, Washington Hospital Center, Washington, D. C., general rotating
LESTER J. LIFTON, Buffalo General/Meyer Hospitals, straight medicine
KENNETH R. LINDYBERG, Letterman General Hospital, San Francisco, rotating surgery
GEORGE LOHMANN, JR., Chicago Wesley Memorial Hospital, Illinois, straight surgery
GEORGE LUNDGREN, Buffalo General/Meyer Hospitals, general rotating
GARY H. LYMAN, North Carolina Memorial Hospital, Chapel Hill, straight medicine

ALAN MANDELBERG, Buffalo General/Meyer Hospitals, rotating medicine
JOSEPH A. MANNO III, St. Vincent's Hospital, New York City, ophthalmology residency
IRA L. MINTZER, Boston City Hospital, Massachusetts, medicine
MURRAY A. MORPHY, E. J. Meyer Memorial Hospital, Buffalo, psychiatry residency
CHARLES A. MOSS, Maricopa County General Hospital, Phoenix, Arizona, rotating general
PHILIP C. MOODY, Buffalo General/Meyer Hospitals, rotating general
WILLIAM T. MURRAY, Buffalo General/Meyer Hospitals, straight medicine

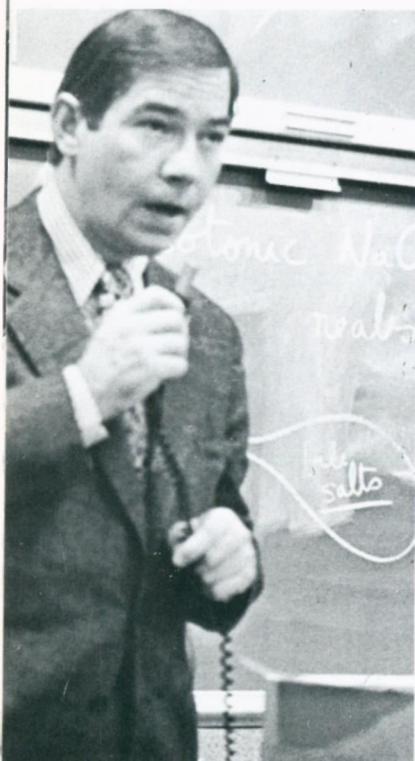
DENNIS NATALE, Montefiore Hospital and Medical Center, New York City, straight surgery
GEORGE C. NEWMAN, JR., University of Virginia Hospitals, Charlottesville, straight medicine
STEPHEN M. NEWMAN, Meadowbrook Hospital, East Meadow, New York, rotating medicine
CHRISTOPHER N. NOELL, University of Virginia Hospitals, Charlottesville, rotating pediatrics

JOSEPH J. OLIVER, Millard Fillmore Hospital, Buffalo, straight surgery

STEPHEN I. PELTON, Boston City Hospital, Massachusetts, straight pediatrics
JEFFREY S. PERCHICK, Montefiore Hospital, Pittsburgh, straight medicine
LAWRENCE S. POHL, Washington Hospital Medical Center, Washington, D. C., rotating general
RICHARD W. POHL, Nassau County Medical Center-Meadowbrook, East Meadow, New York, straight pediatrics
JEROME C. PORRETTA, Rochester General Hospital, New York, straight medicine
GLENN L. POST, Cedars Sinai Medical Center, Los Angeles, rotating medicine
KAREN A. PRICE, Grady Memorial Hospital, Atlanta, rotating anesthesiology

KENNETH C. RICKLER, Veteran's Administration Hospital, Los Angeles, straight medicine
RICHARD J. RIVERS, Buffalo General/Meyer Hospitals, straight medicine
STEVEN J. ROSANSKY, Maimonides Hospital, Brooklyn, New York, rotating medicine
GEORGE M. ROSENFELD, St. Joseph's Hospital-Upstate Medical Center, Syracuse, New York, family practice
JAMES ROSOKOFF, St. Francis Hospital, Hartford, Connecticut, rotating general
STUART RUBIN, Deaconess Hospital, Buffalo, family practice

NOEL SALEM, Public Health Hospital, Boston, Massachusetts, rotating general
EDWIN A. SALSITZ, Beth Israel Hospital, New York City, ob/gyn residency
RICHARD A. SAVAGE, Cleveland Clinic, Ohio, pathology
STANTON R. SCHILLER, St. Louis University Hospitals, Missouri, straight surgery
LAWRENCE H. SCHREIBER, University of New Mexico Affiliated Hospitals, Albuquerque, rotating pediatrics
PAUL A. SELIGMAN, Buffalo General/Meyer Memorial Hospitals, rotating medicine
MICHAEL J. SHREEFTER, Berkshire Medical Center, Vermont, rotating general
ARTHUR L. SIEGEL, Long Island Jewish Medical Center, New Hyde Park, New York, rotating general
ANDREW SILVERMAN, University of Michigan Affiliated Hospitals, Ann Arbor, straight ob/gyn
ANITA SILVERMAN, Millard Fillmore Hospital, Buffalo, general rotating
DAVID SILVERSTEIN, Buffalo General/Meyer Hospitals, rotating medicine
JAMES A. SINGER, Buffalo General/Meyer Hospitals, straight medicine
CRAIG R. SMITH, Johns Hopkins Hospital, Baltimore, Maryland, straight medicine
PAUL J. STECKMEYER,



Dr. Cummiskey



Stephen Pelton, Mr. & Mrs. Martin Hoffman



The Frederick Hust family

LEWIS STERN, *Medical College of Virginia, Richmond, rotating medicine*

JACK J. STERNBERG, *Mt. Sinai Hospital, Cleveland, Ohio, straight medicine*

LEONARD STRICHMAN, *Bronx Municipal Hospital Center, New York, straight surgery*

RICHARD L. SYLVAN, *Baltimore City Hospitals, Maryland, straight medicine*

STUART R. TOLEDANO, *Montefiore Hospital and Medical Center, Bronx, New York,
straight pediatrics*

EUGENE R. TONER, *Millard Fillmore Hospital, Buffalo, straight surgery*

JOSEPH E. TRIPPI, *Presbyterian Hospital, New York City, straight surgery*

STEVEN B. TUCKER, *Buffalo General/Meyer Hospitals, straight medicine*

PAUL J. VILARDI, *Mercy Hospital Medical Center, San Diego, California, rotating general*

WILLIAM T. WALLENS, *Buffalo General/Meyer Hospitals, straight medicine*

RICHARD N. WARNOCK, *Millard Fillmore Hospital, Buffalo, straight surgery*

JAMES T. WEBBER, *University of Miami Affiliated Hospitals, Miami, Florida, rotating
pediatrics*

HAROLD J. WEINSTEIN, *Cincinnati General Hospital, Ohio, rotating general*

STEPHEN W. WELK, *Buffalo General/Meyer Hospitals, rotating general*

KENNETH R. WILKES, *Nassau County Medical Center-Meadowbrook Hospital, East Meadow,
New York, psychiatry residency*

BYRON J. WITTLIN, *Los Angeles County-USC Medical Center, California, psychiatry rotating*

JOHN W. ZAMARRA, *Buffalo General/Meyer Hospitals, straight medicine*

LAWRENCE ZEROLNICK, *Long Island Jewish Medical Center, New Hyde Park, New York,
rotating general*

MARK J. ZLOTLOW, *Springfield Hospital, Massachusetts, straight pediatrics* □

Class of 1937 at Spring Clinical Days



Back Row: John V. Walsh, William F. White, John Ambrusko, Rose M. Lenahan, George F. Koepf, Charles F. Banas, Soll Goodman, Francis E. Ehret, Niels Klendshoj.

Front Row: Samuel A. Dispenza, Joseph M. Mele, Samuel Sanes, Augustus J. Tranella, David H. Weintraub, Charles R. Borzilleri, Jr., William L. Ball.

Dr. Sanes Compares the 1937, 1972 Classes

"Incredible" must have been the response of physician alumni to Dr. Samuel Sanes' statistics on the graduating class of 1937 and that of its 35-year successor (1972). When the former professor of pathology, who retired last summer following 40 years of teaching, pointed to an attrition rate of about 38 percent in the 1937 graduating class to that of a zero comparison in this year's class, their expression must have turned to one of disbelief. But these are the facts painstakingly researched by Dr. Sanes.

In 1937, 47 graduated out of a 77-freshman class compared to 120 in 1972. Over three quarters of the entering class in 1933 came from the eight-county region of Western New York as compared to only 49 out of 120 graduating in 1972. The graduating class in 1937 included advanced standing students as well as repeats — a total of 60. But in the senior class of 1972 there were no dropouts or repeats following admission. All 104 seniors who were originally admitted as freshmen, plus transfer students with advanced standing, graduated.

Changes in admissions procedures in Buffalo during the early forties, pointed out Dr. Sanes who graduated from the Medical School cum laude in 1930, were triggered by AMA (committee on medical education) recommendations for establishment of an admissions committee in Buffalo to work as an autonomous unit outside of the dean's office. Dr. Oliver P. Jones was its first chairman.

Dr. David Weintraub, clinical professor of pediatrics, arranged the alumni reunion dinner program. Dr. Charles Borzilleri, Jr., chaired the dinner. In the Class of 1933, 48 out of 60 are still living; 27 practice in Western New York. Eighteen are general practitioners. Seven out of 120 in the Class of 1972 will intern in family practice. This is a summary of Dr. Samuel Sanes' address.

Of the 73 men and four women admitted in 1933, few were married. These few were "older" returnees to school who had worked for a few years; one had become a mother. There were no additional marriages during the next four years. In 1968 the ratio of nine married out of a class of 104 freshmen skyrocketed by the senior year to more than half the class (64).

While Capen Hall construction in 1953 permitted accommodation for 100 freshmen, budgetary restrictions limited class size to 80. But in 1962 UB, a private university, merged with the State University system. Albany called for a minimum freshman medical class of 100. In 1968 the 104 admittees — 96 men and 8 women — who graduated this year filled the request.

However in 1971, 120 students were admitted (35 were women, blacks and third world). This fall (1972) the number of freshmen will increase by 15, to 135 places to be filled from about 4,300 applications. This is 2,500 more than a year ago. And nationally there are 34,000 applicants for 13,000 openings in 108 medical schools. Some of this increase is due to participation by medical schools in a central clearing house that processes applications and sends them to as many schools as an applicant wishes. This national picture reveals that three-quarters of the minority applicants (women, blacks, third world) were accepted as compared to only 40 percent of all those applying to medical schools.

Few in 1933 applied for financial assistance to defray the \$500 annual tuition for medical students. However, a good many medical freshmen in 1971 — New York State residents — who paid \$1,200 for tuition, received financial aid of some sort. For students from families earning less than \$20,000 taxable income, there is a tuition decrease through a scholar incentive program. Regents scholarships also provide from \$350 to \$1,000 a year for up to four years of study based on income.

Regents scholarship awards based on competitive exams range from \$1000 to \$4000 and depend on need. They may be held for up to four years. Winners commit themselves to serve nine months as physicians in a designated medical shortage area for each year's scholarship. Certain New York State counties finance medical education without exams on commitment of subsidized students to serve in the county. Annual tuition however for this year's entering class will rise to \$1,500 for N. Y. S. residents.

Back in the thirties there were practically no hospital or medically connected opportunities for the medical student through financially assisted summer fellowships, etc. Spare time meant hunting for a job, from selling to construction, to earn sufficient money to help pay for medical education.

One look at today's bulletin boards reveals a large choice of financial opportunities for the medical student especially over the summer where fellowships offer anywhere from \$500 to \$1,000 for an eight to ten week research or clinical experience in whatever area interests the student to \$750 for ten weeks at an urban teaching hospital for Fellows who will work from 8 to 5 with minimal night work plus room and board for singles. One freshman worked as an orderly in a hospital for \$115 a week.

There are also public health opportunities vying with \$85 a week for a ten-to-12 week period plus a reasonable charge for room and board. "Myasthenia gravis" offers \$900, and the American College of Radiology \$800 to first and second years students for an eight-week stint.

Internships? In 1937 it was up to the senior to arrange one. Most internship experiences were of a rotating type. Today the student receives advice and counsel from the assistant dean for student affairs. And the National Intern Matching Program (in which the Medical School participates) attempts to match student interest with those of hospitals. Increasing numbers of straight internships have been offered and accepted. Also internships today are not required for certain specialties such as pathology. And a motion to abolish the internship period altogether will be voted upon at the Fall AAMC meeting.

In 1937 at the Medical School's teaching hospitals there was no salary for an intern at the Buffalo General Hospital. However the "Learning" servant did receive room and board plus uniforms but little in the way of organized teaching. Residents at the Children's Hospital earned from \$300 to \$900 a year plus room and board. And at the E. J. Meyer Memorial Hospital interns were paid \$750 with no room and board. They were on call every other night and had to buy their own uniforms.

Today, through the University Internship Program in Buffalo, Meyer (as well as other teaching hospitals) interns receive \$9,500. Fringe benefits cover full Blue Cross/Blue Shield coverage for intern and family, malpractice liability insurance, free uniforms and laundry service for same, on call every third night (hot meal served), and two weeks paid vacation. For residents there is \$10,000 plus \$500 for each additional year, and all of the above fringe benefits.

In 1933 a medical student went to school "to learn all the facts of medicine." There was no questioning the authority of the dean or the faculty for little or no satisfaction could be gained from these strict disciplinarians. There was no time or interest for "social" awareness. Today this contrasts with a student voice in policy, management and disciplinary actions at the University as well as student input into search committees for a new medical school dean and vice president for health sciences.

The curriculum, back in 1933, was a prescribed, rigidly structured all-inclusive one that demanded a minimum 80 percent class attendance. Exams were either essay, oral or practical and students received either letter or numerical grades. But over the last few years the curriculum features a core and track curriculum with elective courses. Clinical instruction starts in the freshman year. It is flexible with an all-elective senior year. Students take courses in other schools both in the U. S. and abroad. Vacations can be arranged at the convenience of the student. One can take anywhere from three and a half years to more than four to complete medical school. Exams are chiefly multiple choice or objective types. Grades are no longer numerical or letter type but range from satisfactory/unsatisfactory to pass/fail.

Dr. L. Maxwell Lockie, M'29, clinical professor of medicine, was among five to receive Distinguished Alumni Awards in May. Dr. Lockie has been on the Medical School faculty since 1932. □



Class of 1922 at Spring Clinical Days



Franklin T. Clark; Lynn Rumbold; Carl S. Benson; Irwin M. Walker

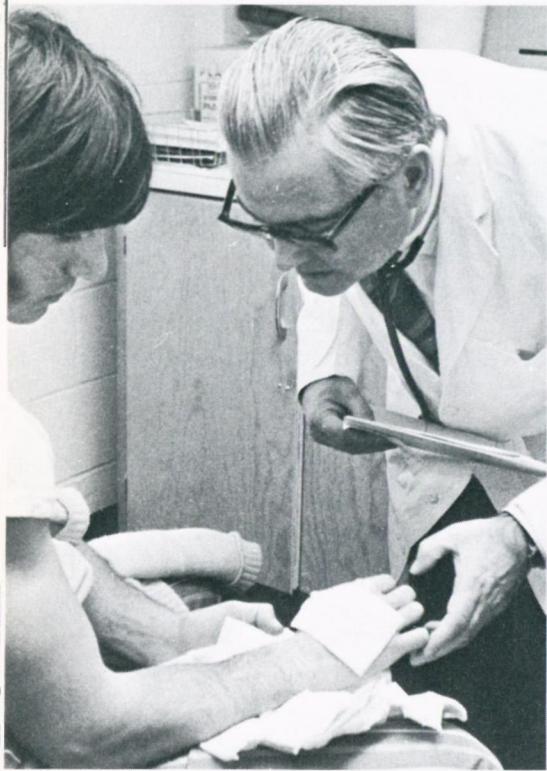
The student attitude in 1933 of "fear" due to faculty and peer review has now changed to one of confidence that once you are accepted graduation is almost assured.

Back in 1937 tuition accounted for over 103 percent of the Medical School's operating budget of \$165,137.90. This sum equaled the dean's office budget for 1970-71. In 1971 tuition was only six percent of the total operating budget allocated by the State to the Medical School, \$5,930,000. Sponsored research however was set at an equal sum, while in 1933-37 it was minimal. Annual salaries then ranged from \$4,941 for a senior professor and department head to \$1,750 for a fulltime instructor. However their offspring were entitled to free tuition at the University as well as part payment at certain other schools.

Today a fulltime instructor receives a minimum of \$12,000 while a department head gets a minimum of \$28,000 with fringe benefits such as pension, medical and hospital benefits. In the thirties all research was in the basic sciences; most supported from the medical school's own budget. There were only 18 full-time teachers in the basic sciences located at the School, as well as 200 outside part-time paid and volunteer teachers. There was no clinical full-time faculty except for a professor of military sciences and tactics detailed by the Surgeon General of the U. S. Army. This contrasts to 280 full-time basic sciences and clinical faculty and 1,232 volunteers in 1972.

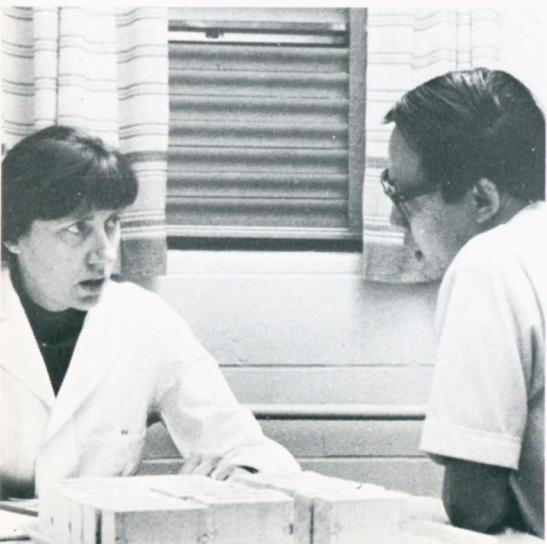
In the early thirties, when a student took pharmacology, there were no sulfa drugs or antibiotics to learn about for ordinary infections, no drug/chemical/hormonal prescriptions for tuberculosis and cancer including leukemia. In Public Health there were no vaccinations for polio, measles, mumps or rubella. In Internal Medicine there were no functional tests such as PBI, radioactive (Cont'd on page 38)

University Health Service



Dr. John Benny, staff physician, examines a student.

Dr. Marie Kunz, an allergist, discusses a problem with a student.



Dr. Hoffman counsels a student.

Maureen O'Donnell and Allie French

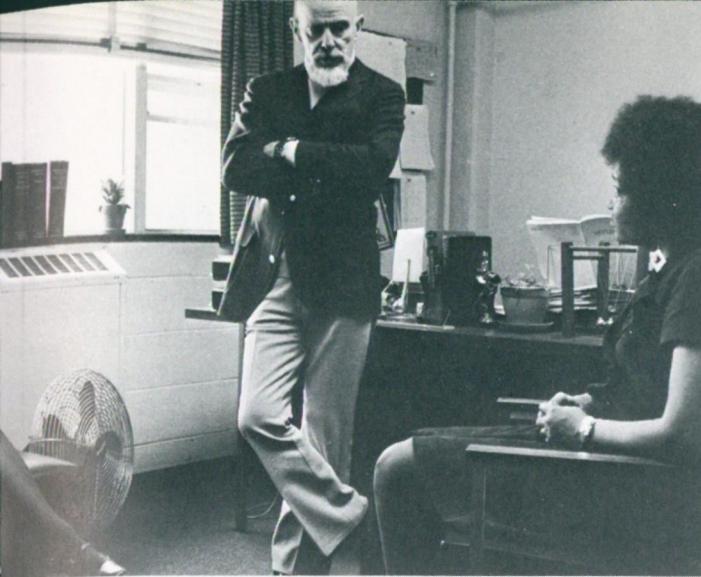
The University Health Service offers a wide range of free medical services. Dr. Paul F. Hoffman, medical director since 1962, points with pride to the more than 40,000 visits by the University family — students, faculty, staff annually. "We have 70 full and part time professionals, some of whom are on call 24 hours a day. These include physicians, dentists, nurses, psychiatrists and clerical personnel.

"On a very busy day we may have upwards of 250 people visit the Health Service. Only one out of every 10 are referred to local physicians and hospitals for further treatment. Most students seek treatment for common diseases such as respiratory infections, mononucleosis, gastro-intestinal disorders, and strains or sprains," Dr. Hoffman said.

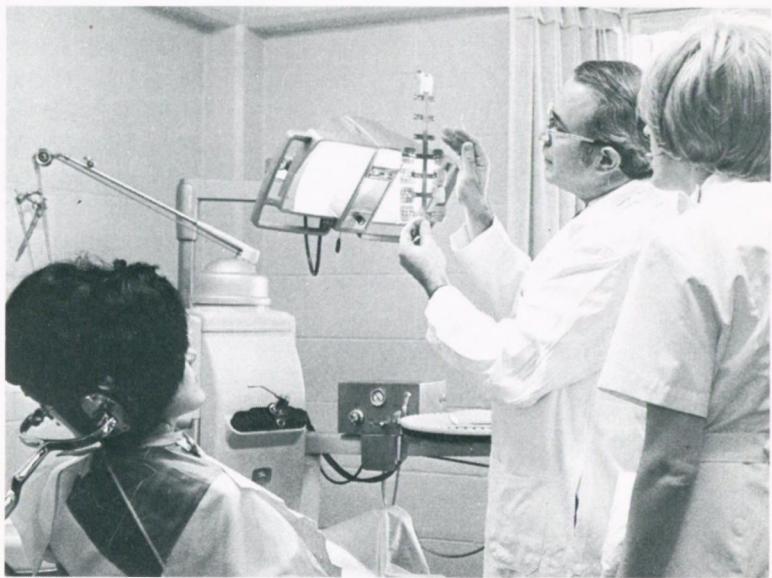
The Health Service maintains both inpatient (28 beds) and outpatient departments and five special clinics — allergy, dental, immunization, ob/gyn, and psychiatric. Other services include laboratory tests, first aid, preventive medicine, consultant-referral, personal health evaluation, treatment and diagnostic procedures, environmental health and safety, and health education.

Dr. Hoffman and Dr. M. Luther Musselman, assistant director, both clinical associate professors of medicine in Student Health, head a staff of five full time and eleven part time physicians.

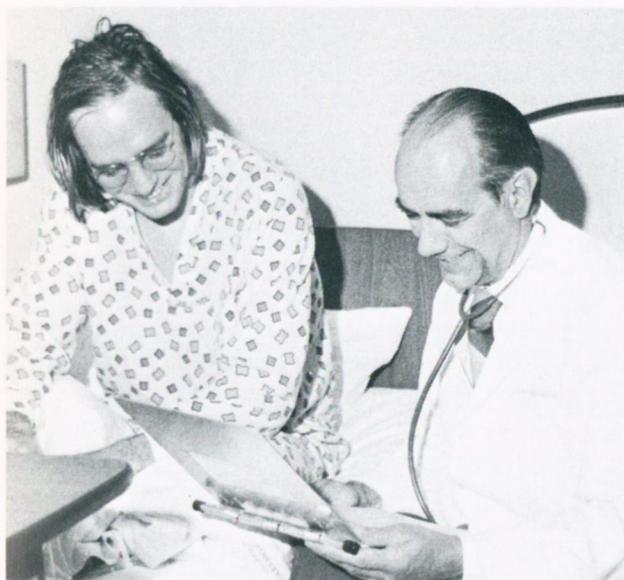
"We are interested in maintaining a state of optimum health (physical and emotional) in the University family and at the same time instilling proper attitudes and habits of personal and community health. Another main objective is to promote environmental conditions conducive to health, safety and learning, through the



Brien, student social worker, Dr. Lloyd Clarke, chief of psychiatry, Eman, director of social workers, have an informal conference.



Dr. George Goldfarb, director of the student health dental clinic, explains the X-rays to his patient and a dental student.



Dr. Musselman talks to a student-patient.

Environmental health and safety are the responsibilities of Mr. Robert E. Hunt. He is reviewing plans for playground and equipment for Day Care Center submitted by students of the School of Architectural and Environmental Design. Mr. Hunt is a clinical assistant professor of social and preventive medicine.



department of Environmental Health and Safety (administratively a part of Operations and Systems).

The Center, located in the basement and first two floors of Michael Hall, is open to all students. There is no compulsory health fee and no health service charges for services or medication. There may be charges for services or supplies provided by off-campus facilities.

"Trying to provide excellent medical care with a limited budget and rigid operational procedures is our biggest frustration. We need more money not only for staff but for equipment and facilities. At this time there is no guarantee that we will have new facilities on the Amherst campus, Dr. Hoffman said. □

DR. SANES (Cont'd from page 35)

isotopes, and enzyme determinations. There were no antithyroid and hypertensive drugs. Nor was there cardiac surgery, monitoring, recovery room, intensive care unit, blood bank, etc. And there were no prepaid medical plans for patients such as Blue Cross/Blue Shield, Medicare or Medicaid.

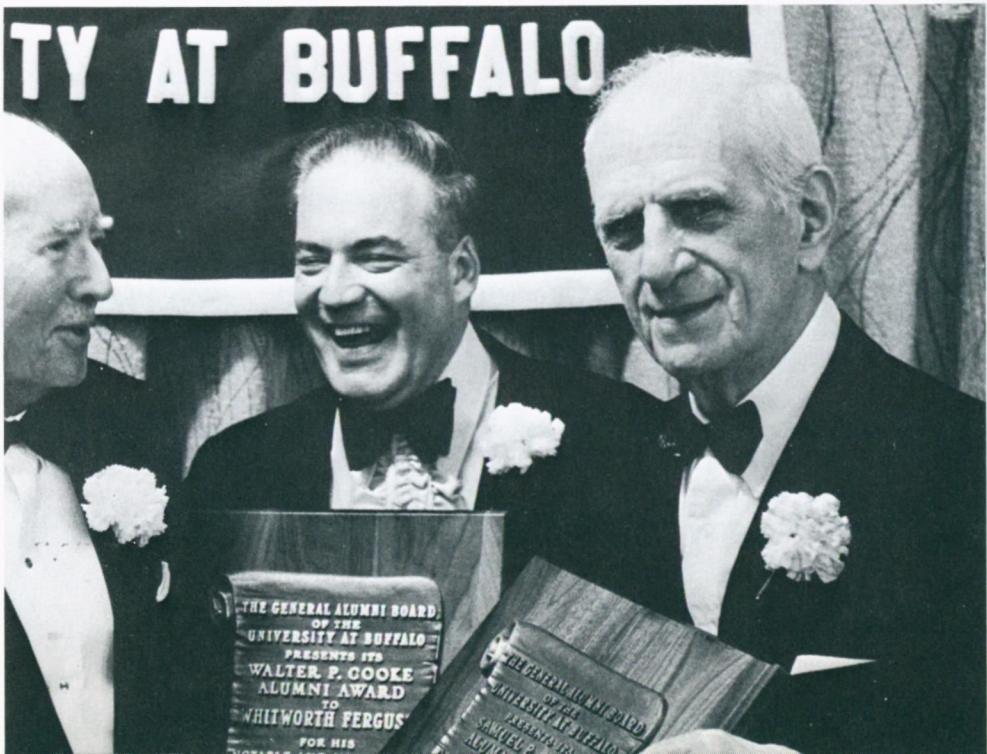
In 1937 the Medical School was part of a private university and, except for ties to the Dental School (it shared the same dean, Dr. Edward Koch, who also headed pharmacology and therapeutics) it was relatively independent. Its first assistant dean, Dr. Elmer Heath, was appointed two years earlier. Today, aside from a vice president of health sciences who at present is also acting dean of the School of Medicine, there is an associate dean, an assistant dean, as well as a part-time assistant dean for admissions. In addition to that in medicine, teaching is done on the graduate level and in health sciences programs such as dentistry, nursing, and health related professions.

As part of the State University system, the Medical School is now subject to decisions handed down by Albany, its governor, the legislature, Board of Regents, as well as public pressure. It is one of five units (dentistry, pharmacy, nursing, health related professions, medicine) in the Health Sciences complex.

Social habits have also changed. From the occasional drink, usually a beer in 1937, a recent Medical School (Buffalo included) survey revealed that 44 percent of the students responding smoke marijuana. Nine out of ten "drink" regularly.

Changes in sex education are just as startling. From one moralistic lecture on sex given by the professor of dermatology and syphilology, there is now an elective course on human sexuality that is well attended. Today there are courses offered on health problems in the inner city and in one of the University's experimental colleges, College A, plans are underway for courses in change of the health care delivery system, new roles in health services and personnel, etc.

Students are welcome to serve on a committee for delivery



Dr. A. H. Aaron, M'12, (right) received the 22nd Samuel P. Capen award for "contributing and influencing the growth and improvement of the University." He is a Buffalo physician and emeritus professor of medicine, known for his work in gastroenterology. Pictured with Dr. Aaron is Mr. Whitworth Ferguson, Sr., (left) president of the Ferguson Electric Construction Company, winner of the UB Chancellor's medal and Mr. Wells Knibloe (center), chairman of the awards committee of the General Alumni Association. □

of health care to the Attica Correctional Facility. In recent years such speakers as Dr. William H. Masters of the Masters and Johnson team, and Dr. Eugene Schoenfeld who runs a syndicated column titled *Dear Dr. Hippocrates* with emphasis on problems of the youth subculture have been featured on the student-organized Harrington Lectureship that before 1966 was arranged through the dean's office with speakers and subjects of its selection.

Some factors inside the Medical School and Medicine leading to the disparities between 1937 and 1972, Dr. Sanes believes, are the AMA inspection of the Medical School about 1940 and its subsequent recommendations, full-time clinical teachers, World War II, the postwar years with its national emphasis on research, the Educationist movement in the fifties led by Drs. George E. Miller and Edward M. Bridge in Buffalo, the strengthening of the basic sciences departments through Capen and Sherman Hall additions, the growth of knowledge, going STATE in 1961-62 with its large doses of financial assistance, trend toward specialization, the Health Sciences concept in 1967 as well as student "social consciousness" and awareness and its subsequent activism that included demonstrations, protests and emphasis on health care to all as a human right.

Concluded Dr. Sanes, "some of us may be astonished by the changes in medical education at our Medical School during the past 35-40 years. Others may be perturbed by specific ones. Still others may find certain changes commendable and necessary. It is reasonable that changes should occur in medical education as time passes. Medicine is not taught in a vacuum for it is influenced by social, economic, political, ethical, scientific, technological, and medical factors in American society and in the world. Medical education should however retain the decision as to changes in its structure and function.

"In regard to certain changes, medical education can be faulted for not having recognized their need soon enough. The question, in making changes, is how to distinguish the newest enthusiasms and latest fads, regardless of outside pressures, from the substantive and permanent. Simplistic, impulsive answers," he continued, "to adapt medical education to problems in medicine and society may not turn out to be effective, long term solutions.

"Medical education must remain flexible and open to changes. But we must be careful that forms, methods, and gimmicks do not divert medical education from its primary goal and values — to train scientific and humanistic physicians who eventually will prevent disease and care for the sick within adequate standards under any system of health care delivery.

"A medical faculty member ought not to look upon his position merely as a means of personal interest and satisfaction. His first responsibility is to maintain and further medicine in terms of a healing profession with the development of qualified practicing physicians who will help human beings live as long as possible, physically as comfortable as possible, mentally as alert as possible, emotionally as happy as possible, and socially, economically as productive as possible." □

Medentian Honors Two Professors

Two professors have been cited for their teaching skills and interest in students in the *Medentian*, student yearbook for the Schools of Dentistry and Medicine. The dental students honored Dr. Evelyn L. Jung, and the medical students honored Dr. Ronald G. Davidson.

Dr. Jung is professor of oral diagnosis, clinical pathology and radiology, and has been on the dental faculty since 1931. She is a 1930 graduate of the Dental School. She teaches radiology to first and third year students. She also teaches seminars for seniors. Dr. Jung has written several articles on her research specialty, "Demineralization and Embedment of Bone Specimens." She is a past president of the Academy of Radiology and has been active in the 8th district dental society.

Dr. Davidson is professor of pediatrics and associate chairman. He has been on the faculty since 1964. He received his M.D. degree from the University of Western Ontario Faculty of Medicine, London, Ontario in 1957. At Children's Hospital Dr. Davidson is also director of the Birth Defects Center, the division of human genetics and the division of instructional communications. From 1957 to 1959 the Canadian-born physician interned and took his residency in pediatrics at Vancouver General Hospital, Vancouver, B. C. He was also an assistant resident in pediatric pathology, Children's Hospital Medical Center, Boston in 1959-60, and the following year at Boston City Hospital. He was a Fellow in pediatrics at The Johns Hopkins Hospital, Baltimore in 1961-63. The following year he was a Fellow in Biochemical Genetics, University of London King's College, London, England. He has written 20 articles, 16 abstracts and contributed two chapters for books.

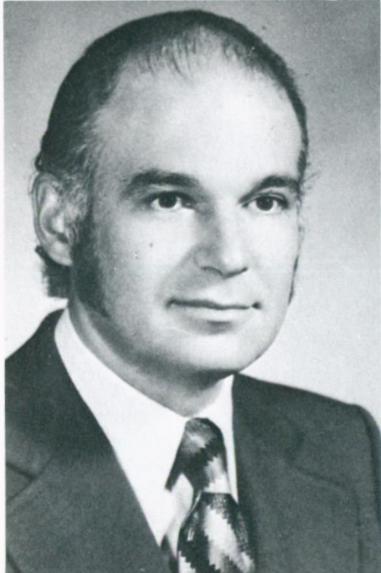
In the dedication to Dr. Jung the dental students said "her primary interest is in the student. She has a one-to-one teaching style that never fails to drive the point home. Her seminars and weekly quizzes have given her students a real working knowledge of radiology techniques and diagnosis. She is known by dental educators around the world, but remains a very unassuming individual and always has time for her students. Friendly, patient, knowledgeable, and always ready to illustrate her conversation with anecdotes, she has made everyone's life a little better for having known her. We, the class of 1972, thank you, Dr. Evelyn Jung."

In the dedication to Dr. Davidson, the medical students said, "in the third year teaching program in pediatrics he has brought to that program some exciting new approaches to clinical teaching, including the use of computer assisted education, television, sound/slide productions and films." □



Dr. Jung

Dr. Davidson



A 1943 Medical School graduate was recently named "Man of the Year," in Eden, N. Y. where he has been practicing for 25 years. Dr. Ronald Martin was honored in April for giving remarkable medical service along with community service. Dr. Martin came to Eden in 1946 to practice with his Uncle. After a second stint in the Army he returned in 1953, and opened his own office in 1956. He was a school physician at Eden Central School for 12 years and gave up his only "day off" each week to serve at the Indian Reservation Clinic at Cattaraugus.

Dr. Martin was in the Battle of the Bulge in Europe during World War II. He was captured by the Germans and forced as a PW to treat wounded Germans as well as captured GIs. He bailed out two weeks later during a counter attack. As a battalion surgeon with the beleagured 10th Armored Division, he received the Silver Star, Bronze Star and a cluster for the Bronze Star and a great assortment of citations and battle ribbons.

Dr. Martin interned at St. Margaret Memorial Hospital, Pittsburgh for nine months before entering the Army January 1, 1944. He finished his internship in the Army and Navy Hospital, Hot Springs, Arkansas. It was here that he "made or missed" medical history. He worked with Dr. Philip Hench and helped him in the research that led to the discovery of ACTH and then Cortisone. This led to the Nobel Prize for Dr. Hench in the field of physiology in medicine in 1950. Dr. Martin said that the great breakthrough was the result of a question asked in a seminar conducted by Dr. Hench. The answer bugged him — and Hench — and the solution was one of the great achievements in medicine.

Dr. Martin is a Diplomate of the National Board of Medical Examiners. He is active in local and state professional organizations. □

Ten medical continuing education courses will be offered by the Medical School during September, October, November and December.

- September 20-22 — "Trends in Internal Medicine"
Buffalo General Hospital
- October 3-4 — "Obstetrics for the Family Physician"
Deaconess Hospital
- October 20-22 — "Allergy" (In cooperation with Midwest Allergy Forum)
Statler Hilton
- November 9 — "Community Medicine"
Statler Hilton
- November 10 — "Workshop in Respiratory Management"
Statler Hilton

Five additional programs have been selected but the dates have not been established. They are: "Surgical Aspects of Gynecology-Obstetrics," "Exercise Testing and Training for Coronary Heart Disease," "Advances in the Care of the Injured Patient," "Psychiatry for Psychiatrists," "Use of Blood" (In Cooperation with American Red Cross). □

Eden Physician Honored

Continuing Medical Education

Working with Others for Optimum Care of Patients

by

RUTH T. McGROREY, Ed.D.
Dean, School of Nursing

*"New times demand new measures and new men;
The world advances, and in time outgrows
The laws that in our father's day were best."*
(Source unknown)

The search for a common conceptual framework for what we have long called the health team has been a painful growing process for all of the health professions. In nursing the parallel development of the nursing team with all of its ramifications introduced a variety of communication barriers. The creation of new workers in the midst of unprecedented medical, social and organizational change brought about a definition and redefinition of the functional activities of health workers that confused roles, opened up legal questions of practice, and to a large extent closed off the informal inter-change between professional groups that insured mutual planning and evaluation of patient care.

For almost a hundred years from Kaiserwerth to World War II, the art of nursing was definable, circumscribed and clearly functional in the context of clearly prescribed medical care. In the past quarter century the growing sophistication of health care and the proliferation of highly specialized health disciplines have increased the complexity of therapy and its delivery to the patient in ways which challenge our imagination to develop new and more effective ways of working together to insure the best possible care for our patients, not only to get them well, but to keep them well and to help them achieve the highest potential of wellness that is possible for each of them as individuals in our society.

Nursing, as one of the components of the health team has suggested a variety of ways to approach new ways of working together. They involve not only a reconsideration of the ways in which people work together as individuals and as professionals, but a reconsideration and analysis of the total community and institutional environment in which care takes place. Most of these concepts are not new, they have been tried, accepted and/or abandoned and, in many instances, studied without implementation. The successes, I am sure, have been achieved because of mutual concern, faith, and continuing mutual effort. The failures may (or may not) reflect the opposite philosophy. In any event, both success and failure in learning and achieving the art of working together must be supported by environmental goals and climate that support this kind of relationship.

These are some of the approaches which I believe would be helpful in fostering the health team concept in our own planning. They are also basic approaches which I believe to be generally applicable to working together in achieving mutual goals for health care in any situation.

Understanding the Sociological Framework of Patient Care

The health team begins with the professionalization and socialization of those students whose professional practice will be focused upon the solution of these problems of care which serve the goal of health maintenance in our society. High level wellness, living up to one's fullest health potential and other synonyms arise from



Dr. McGrorey has been Dean of the School of Nursing at the University since 1966. She received her master's and doctorate degrees from Teacher's College, Columbia University. □

Class of 1927 at Spring Clinical Days



Back Row: Joseph F. Kij, Sr., Arthur G. Elsaesser, Norman J. Wolf, Meyer H. Riwichun, Herbert Berwald, Kenneth G. Jahraus,

Richard L. Saunders, Arthur C. Hassenfratz, Raymond F. May, J. Theodore Valone, Frank M. Criden.

Front Row: John A. Leone, William S. Ruben, Milton A. Palmer, J. Frederick Painton, Lawrence L. Carlino, William S. MacComb, Arthur L. Funk.

time to time. Basically, as a human right, health as an optimum goal is served by the collaboration of the health professions.

As students, professionals should learn the social factors and processes that are relevant for patient care, particularly the interacting parts of a dynamic social system.

"The ways in which man thinks, believes, and acts depends largely on the culture and society in which he dwells. It is within these societal boundaries that his group life and subsequent interpersonal relationships are structured. In these relationships man develops goals and aspirations that lead him to action. The more a health worker understands the development and consequences of these relationships, the better he will comprehend patient beliefs and behavior as well as his own."

Trends and social movements in our culture create change in family structure, education, perceptions, values and the norms of life as well as the conceptions of health and illness which determine society's demands for health services.

The professional needs to understand his own role as a person and as a professional and his need to move with the stream of life in order to understand it. The kind of professional being who emerges from the educational process determines to a large part his perception of his function. If members of the health team come to understand the cultural components of society, the factors of communication, socialization, social movements, professions and the family, patient perceptions, patient problems and potential solutions for those problems together, then the probable prediction for working together in practice is considerably enhanced.

Understanding the Delivery Patterns of Health Care

A. The traditional system:

Systems of care have been organized formally in large-scale institutions on bureaucratic or hierarchical lines. Such systems have tended to create and recreate communication problems antagonistic to achieving positive objectives of "team care" and individualization of patient care planning.

Inherent in the traditional health care organizations are characteristics of a value system long esteemed in our American culture. Responsibility, authority, command status, prestige, obedience and submission were and are the operational standards which conflict with the knowledge we now have about group dynamics and human relations.

The conflict in a system of care which has not provided for social change, for facilitation of horizontal as well as vertical communication, serves to disrupt the very services it seeks to provide.

The splitting off of a variety of health workers whose philosophical and personal values are different from their predecessors serves to fragment the communication of "caring" into isolated services on a functional basis.

The hierarchical organization which admits patients and cares for them in a longitudinal structure of systems separated into disease entities and specialty units disregards the fact that patients come from a family and a community, go through a developmental process of illness to wellness and return back to that family. He is seldom seen in his totality as a person nor do the many people who provide services to him coordinate their care in terms of total patient "wellness" goals.

Back Row: Marion J. Chimera, Joseph M. Smolev, Angelo F. Leone, Hugh J. McGee, Jr., Ernest G. Homokay, Arthur W. Strom, Marvin H. Milch.

Front Row: William W. Pierce, Elmer Friedland, Myrtle W. Vincent, Benjamin E. Obletz, Bronislaus S. Olszewski, Carlton H. Goodman.



Class of 1932 at Spring Clinical Days

Class of 1962 at Spring Clinical Days



Back Row: Joseph P. Armenia, Seth A. Resnicoff, Philip D. Morey, Robert G. Ney, Jack C. Fisher, John L. Kiley, Michael H. Madden, Adolph J. Brink.

Front Row: Morton P. Klein, David E. Carlson, George R. Tzeto, Anthony J. Floccare, Owen G. Bossman, Gerald E. Patterson, James T. Bumbalo, Richard C. Lisciandro.

Until we move out of the traditional systems of care, the health team can function neither effectively nor dynamically in the direction of positive health.

B. New strategies of patient care:

Communication with coordination of and ease of movement for patients and personnel are components of any new strategy to improve health services to people.

Communication is critical — coordination of patient care depends on it. When no fewer than twenty to twenty five different occupational groups can be counted in a typical hospital unit, one begins to realize the enormity of the task. Studies have been made on why lateral communication is impeded on the inadequacy of written communication, on the nature of oral communication and the relation of these to meeting patient's needs.

Attempts have been made to determine the effects of different work models on motivation and to group patients into different "need" settings for better utilization of staff. "Progressive patient care" has been tried in many ways and degrees of operation, and although the strategy has been known by different names, the grouping of patients to achieve certain care goals has greatly contributed to improvements in recognizing the ways in which patients move through an illness experience.

It is imperative to recognize the shift from earlier primary tasks of care and comfort, changes in disease patterns, transformation in the tasks performed in hospitals which result from greatly improved and complicated therapies, and a growing array of new specialized diagnostic and therapeutic techniques of a technical and professional nature which need to be performed for an increasing preparation of patients.

To cope with these changes we need new strategies in educational practice and in patient care and in the way health professionals learn together in the clinical setting. Professional care in its supplementary and complementary relationships must identify the mutual contributions each profession can make to patient care goals.

C. Patient and Community Participation —
New Expectations for the Seventies

The challenge of the seventies calls for an increased awareness of the nature of patient care for the majority of patients who are rational, responsive and able to do things for themselves. An understanding of the nature of communication and its methodology, and a sensitivity to the need of increased nurse-patient communication are urgent concerns.

The rapid change in the information sciences, the demand of the public for more information about their health services, and an increasing citizen awareness of health related problems call for expanding citizen involvement in planning for patient care.

The goals of patient care services and the education of health workers are different and rightly so. The goal of a service is care of the patient and the goal of a school is the education of students. However, they are irrevocably linked in the development of a product sensitive to patients' needs, able to cope with them and to work with others to fulfill them.

Understanding the Interrelationships of Health Personnel

Whatever the future planning for clinical learning experiences for the five schools of the Health Sciences i.e. Medicine, Nursing, Dentistry, Health Related Professions and Pharmacy one challenge is clear. An opportunity must be provided for moving out of the traditional roles which have prevented professional nurses and

Back Row: Ward A. Soanes, Edwin J. Lenahan, Jr., Murray N. Andersen, Daniel E. Curtin, Hans F. Kipping, John B. Sheffer, James F. Stagg, Raymond W. Blohm, Jr., David H. Nichols, Robert H. Wildhack.

Middle Row: Arthur J. Schaefer, Richard J. Kenline, James F. Phillips, Anthony S. Merlino, Joseph C. Todor, Robert J. Dean, William S. Edgecomb, William M. Bukowski, Peter J. Julian.

Front Row: Jerome I. Tokars, Carl J. Nicosia, Frederick D. Whiting, Marvin G. Drelich, Robert J. Ehrenreich, Salvatore Aquilina, Thomas B. Clay, Jr., William C. Baker.



Class of 1947 at Spring Clinical Days

Class of 1952 at Spring Clinical Days



Back Row: James F. Zeller, Alfred Lazarus, Donald F. Dohn, Colin C. MacLeod, Donald H. Sprecker, S. Jefferson Underwood, Stanley Pogul, Albert A. Gartner, Jr., Robert A. Baumler, Joseph E. Genewich, Neal W. Fuhr.

Middle Row: Victor A. Panaro, John Y. Ranchoff, Robert M. Wilson, Phoebe E. Saturen, Oliver J. Steiner, Burton Stulberg, Kurt J. Wegner, Leonard I. Berman.

Front Row: Melvin B. Dyster, Richard A. Bahn, Roy J. Thurn, John J. Banas, Bernie P. Davis, Francis A. Fote, Imre Szabo.

their colleagues from maintaining and promoting expert clinical practice which is *complementary* to each other. Further, opportunity must be provided for students in these respective disciplines to explore their historical and educational foundations together and to continue these relationships in the care of patients.

The principles of progressive patient care is to provide better treatment and care by organizing hospital services around the individual's nursing and medical needs rather than around the departmental and clinical nature of his illness. At least six elements are incorporated in the progressive patient care concept: *intensive care, self-care, long-term care, home care, and ambulatory care*, usually provided on an out-patient basis.

The full utilization of the concepts of progressive patient care help to integrate the flow of educational activities with clinical facilities. Supporting this principle, the following terms are defined:

Intensive Care — For critically and seriously ill patients (including surgical postoperative cases) who are unable to communicate their needs or who require extensive nursing care and observation. These patients are under close observation of nurses who have been selected because of their special skills, training, and experience. All necessary lifesaving emergency equipment, drugs, and supplies are immediately available.

Intermediate Care — For patients requiring a moderate amount of nursing care. Some of these patients may be ambulatory for short periods of time. Emergency care and frequent observation are rarely needed. Included in this group are those patients who are beginning to participate in caring for themselves. In addition, the terminally ill may be cared for here.

Self-Care — For ambulatory and physically self-sufficient patients requiring therapeutic or diagnostic services, or who may be convalescing. In this homelike atmosphere, provision is made for relaxation and recreation. Here the patient is instructed in self-care within the limits of his illness.

Long-term Care — For patients requiring skilled prolonged medical and nursing care. Rehabilitation, occupational therapy, and physical therapy services may be needed for these patients. In addition, emphasis is placed on instructing those patients who must learn to adjust to their illness and disability.

Home Care — For patients who can be adequately cared for in the home through the extension of certain hospital services. A hospital-based home care program provides personnel and equipment from the hospital or through community agencies, such as the local health department or the Visiting Nurse Association. The hospital, however, usually assumes responsibility for coordinating the services, whether they are furnished by the hospital or another agency.

Extended Care — For patients who need medical and/or nursing supervision after discharge from the hospital to provide continuity for the therapeutic plan and to move toward fulfillment of the patient's health goals of high level wellness or optimum health potential.

Regardless of future planning for clinical facilities these concepts are part of system changes essential to improved patient care, improved educational programs, and improved health service delivery.

Back Row: Sherman Woldman, Sarantos J. Yeostros, Richard F. Miller, Ross Markello, John S. Parker, James Boncaldo.
Front Row: John K. Cusick, Sol Messinger, R. Ronald Toffolo, Jacqueline E. Ihrig, John J. Ihrig, Arthur L. Beck, Jr.



Class of 1957 at Spring Clinical Days

Class of 1942 at Spring Clinical Days



Back Row: Howard N. Fredrickson, Frank M. Hall, Edward J. Zimm, Joseph E. Anderson, Vincent J. Parlante, Michael A. Jurca, William J. Staubitz, Leon Yochelson.

Middle Row: Boris L. Marmolya, Robert Blum, Charles A. Bauda, Richard Ament, Richard Milazzo, Joseph A. Johengen, Horace L. Battaglia.

Front Row: Kent L. Brown, O. P. Jones, Albert J. Addesa, Urban L. Throm II.

With this distribution of health services, the quality of patient care is enhanced as a result of effective use of personnel, facilities, equipment, supplies and funds. Through the home care program an important link is formed with other health groups and community agencies, which may lead to greater cooperation by all concerned in providing health care.

The Health Team representing the several disciplines mutually determine roles and functions for each phase of care. Each profession identifies and interprets his or her own capabilities and educational preparation. The patient's needs determine the constellation formed by the health professions for each patient's needs, and a mutual determination is made through joint planning as to the identification of the coordinator's role.

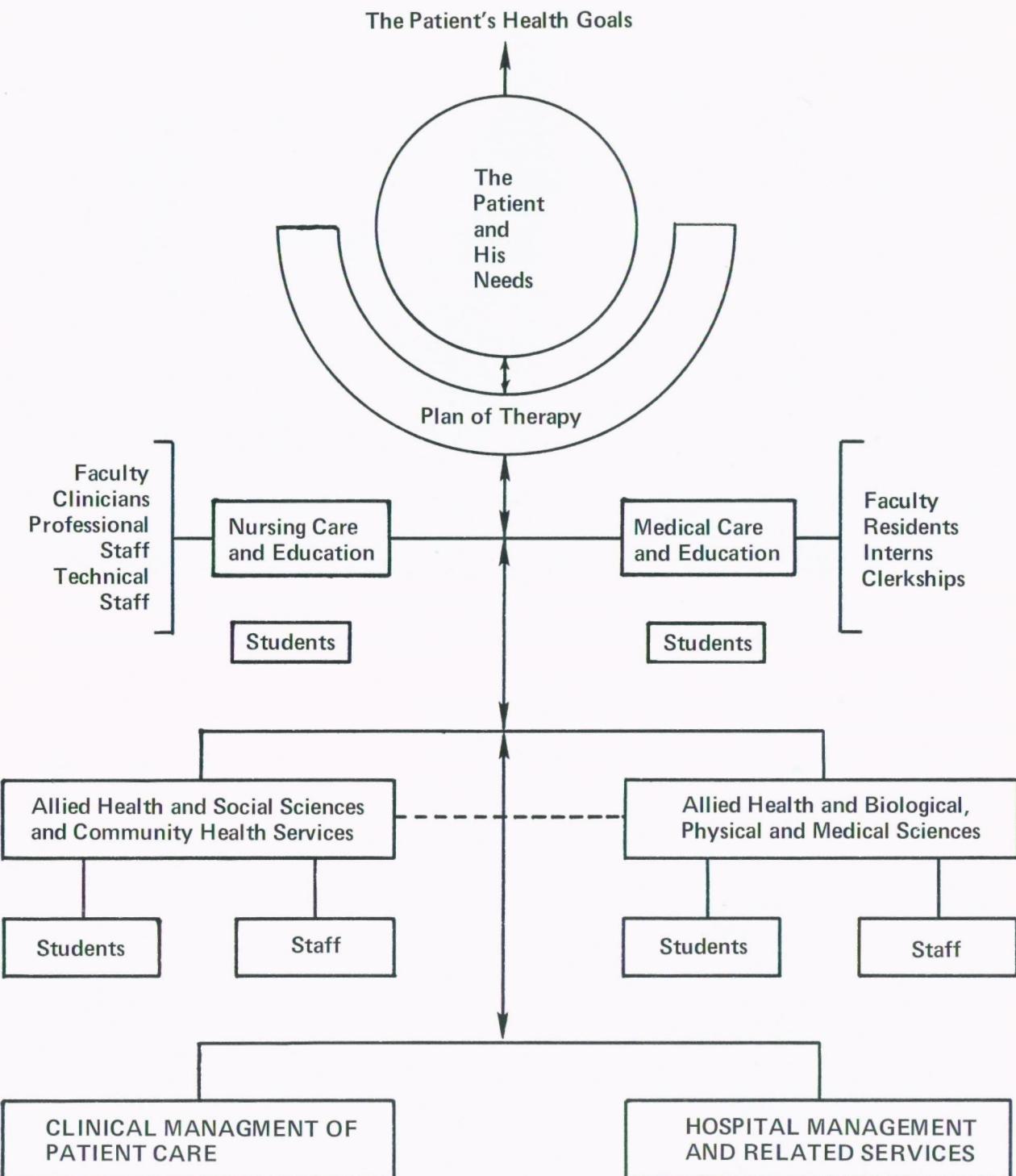
We have tended to make broad generalizations about who does what and have put into neat little boxes our predetermined functions whether they are appropriate to the situation or not.

I believe that our collective future as mutually concerned professions depends on our willingness to work together in ways that benefit the patient in reaching *his* goals for high level wellness and help him achieve his fullest potential.

The following diagrams reflect one way in which organizational concepts of the health team and patient care might be viewed. (Appendices 1, 2 and 3)

The dialogues are just beginning. We must both speak and listen as we have never spoken and listened before.

AN ORGANIZATIONAL CONCEPT FOR PATIENT CARE



Appendix 1
 Figure 1: The Patient's goals for high level wellness in keeping with the maximum health potential for each patient is the organizational base from which patient care plans, medical care plans and nursing care plans can grow.

PROGRESSION OF CARE

Quality patient care is the goal of all members of the health professions. The indices represent facets of care as identified in physical, mental, etc. The factors are stated as questions to identify the qualitative aspects of patient care practices. Evaluation of the plan of care and its execution elicit the why and the how.

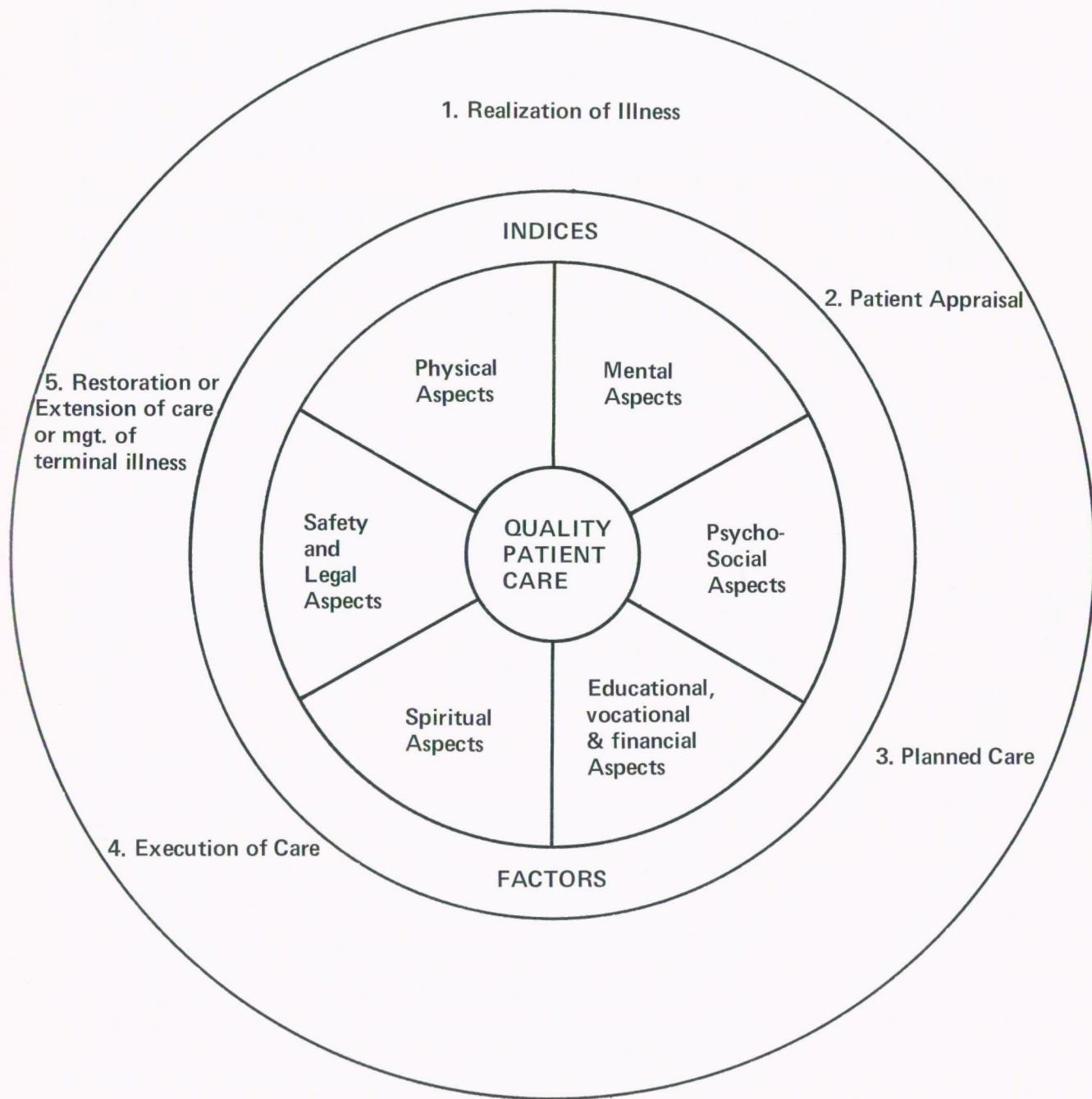


Figure 2: The major components of progression of care in the quest for quality.

Appendix 3

**THE RELATIONSHIPS OF PATIENT CARE SERVICES
IN THE MODERN HOSPITAL**

The excellence of patient care in the clinical setting will depend upon the strategic professional relationships which are built into new organization. Nursing in its present form does not, will not, cannot meet the extra-ordinary challenges of tomorrow . . . Only a radical shift of the nurse's professional practice from management of the situation to management of patient care in the nursing context directly with patients will change the balance of priority from those things which are peripheral to those nursing practices which are essential for optimum quality of care. These shifts in practice relate definitely to colleague practice relationships established in the mutual planning of patient care.

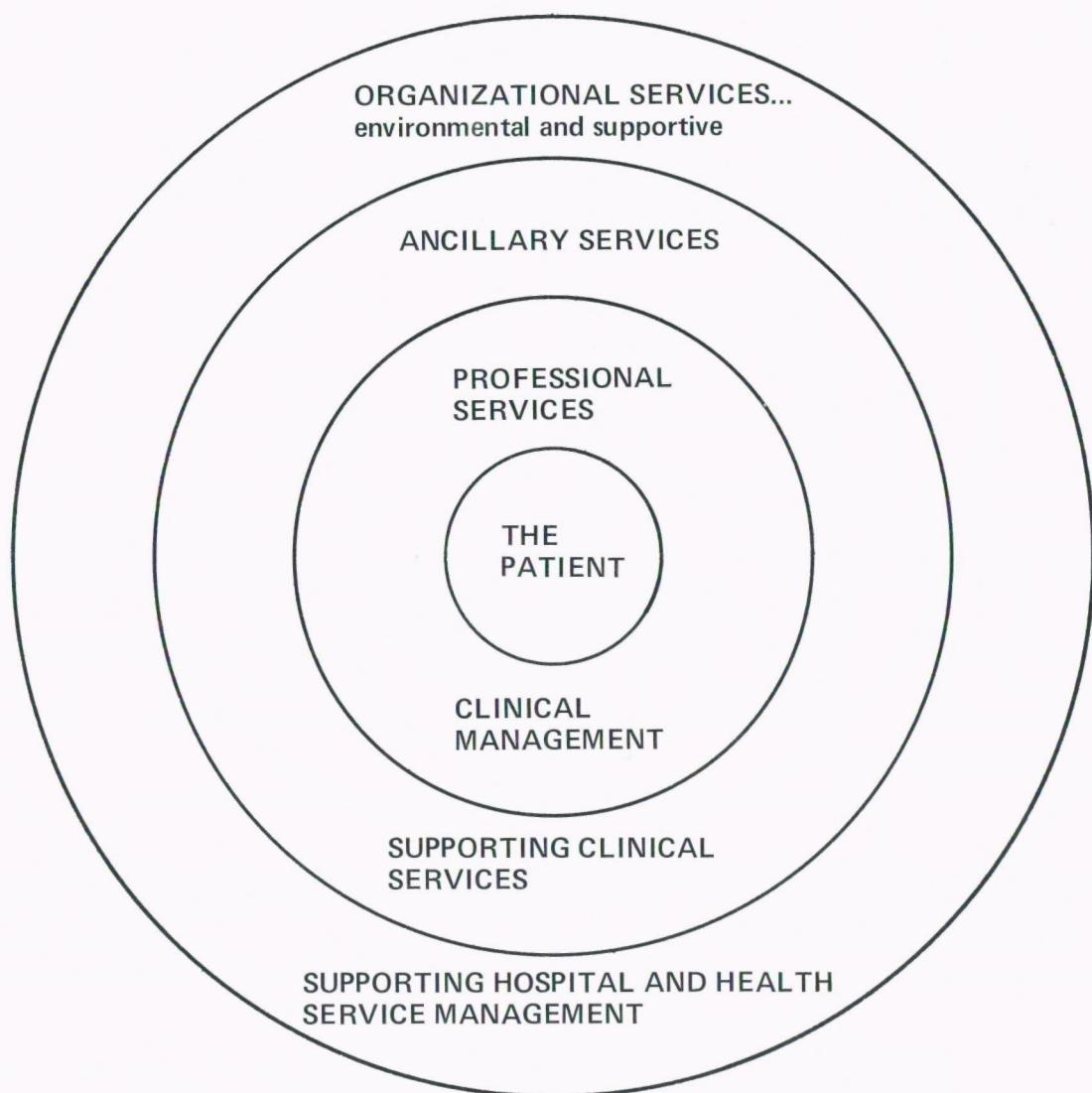


Figure 3: Care, Cure and Coordination . . . the functional base of good patient care.□

A grant of \$1,774,617 has been awarded to the Lakes Area Regional Medical Program, Inc. by the Department of Health, Education and Welfare. The Buffalo-based program, which encompasses seven Western New York counties — Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, and Wyoming — and Erie and McKean in Pennsylvania, serves over two million residents of the region. This program has received \$6,092,307 from HEW since 1966.

Dr. John R. F. Ingall, Executive Director of the Lakes Area Regional Medical Program, Inc., said the award covers a 14-month period of operation ending April 30, 1973. Dr. Ingall indicated that the funds will be used to continue present health-related projects and initiate new ones. Regional Medical Programs are primarily concerned with activities that increase the availability of quality health care and make the delivery of health care more efficient.

Projects currently funded are: Telephone Lecture Network, a private telephone system linking 42 hospitals and other stations which provides continuing education programs for all health disciplines; Tumor Service Registry, a centralized computerized registry designed to supply physicians with confidential cumulative data on cancer patients; Information Dissemination Service, which provides free library services to all health personnel in the region; Chronic Respiratory Disease Program, a many-faceted, comprehensive project featuring screening and training of hospital personnel, a home care program, and an Associate Arts degree program in Inhalation Therapy; Model Program for Comprehensive Family Health, a family practice center in Buffalo, New York, to be used as a model to demonstrate the effectiveness of family physicians; Allegany County Mobile Health Vehicle; Comprehensive Continuing Care for Chronic Illness, a project geared toward the inner city population; and Master Plan for Planning and Articulation of Allied Health Education, to identify manpower needs, training programs and develop a master plan for linking professional education programs based on need.□

\$1,774,617 RMP Grant

Seniors Honor Faculty

Fourteen medical faculty were "recognized for their teaching efforts" by the senior class at the Medical School. They are Dr. Richard H. Adler, professor of surgery; Dr. Henry E. Black, clinical instructor in medicine; Dr. Jules Constant, clinical associate professor of medicine; Dr. Mary O. Cruise, associate professor of pediatrics; Dr. Charles M. Elwood, clinical associate professor of medicine; Dr. Joseph C. Lee, professor of anatomy and research associate professor of surgery; Dr. Margaret H. MacGillivray, associate professor of pediatrics; Dr. Joseph E. MacManus, clinical professor of surgery; Dr. James R. Markello, assistant professor of pediatrics; Dr. Mohamed Megahed, assistant professor of neurology; Dr. Thomas T. Provost, research assistant professor of medicine; Dr. Samuel Sanes, retired professor of pathology; Dr. Roy Seibel, clinical assistant professor of radiology and Dr. James F. Upson, clinical assistant professor of surgery.□



Dr. Carl E.
Arbesman



Listening to one of the scientific sessions are Professor Pierre Grabar, Institut Pasteur, Dr. Elvin A. Kabat, Columbia University and Dr. Noel R. Rose.

Third Immunology Convocation

It was a highly successful International Convocation on Immunology. So agreed the over 450 scientists from across the nation, Canada, England, France, Sweden, Denmark, The Philippines, Australia, Israel, and Argentina who attended the third such biennial sponsored by The Center for Immunology. Over four days they exchanged data and explored areas for future progress on three related aspects of im-

munology — how antibodies are made, how they react with antigen, and how this reaction produces clinical manifestations.

Setting the stage was the Ernest Witebsky Memorial Lecturer, Columbia University's Dr. Elvin A. Kabat. He described our current knowledge on the anatomy of antibody molecules. By reviewing much of the chemical information reported in the scientific literature and with the aid of a computer, he was able to construct a model of the way in which amino acids combine to form a molecular guardian which can recognize and protect the body against foreign substances that invade it — germs, cancer cells or toxic substances from the environment.

The first day's session expanded on these themes. Described were techniques such as x-ray crystallography and electron microscopy by which immunoglobulin antibodies (IgG and IgM) can be actually visualized. One speaker, Dr. Thomas Tomasi (professor of medicine, SUNYAB), described special antibodies (IgA) found in secretions in the gut and elsewhere which act as the body's first line of attack against environmental hazards. Another, Johns Hopkins' Dr. Kimishige Ishizaka



NIH's Dr. William L. Paul.

reported on an antibody (IgE) he discovered and that plays a central role in human allergy.

Opening the discussion on antigenic structure was Roswell Park Institute's Dr. David Pressman who explained how the chemical structure of antigens determine its reactions with these kinds of antibodies. He pointed to the precise requirements of molecular specificity in antigenic structure. Columbia University's Dr. Samuel Beiser then gave an excellent demonstration on the types of antibodies to nucleic acids that can be elicited by immunizing animals with nucleic acid bases conjugated to appropriate carrier molecules. He illustrated the potential usefulness of such antibodies in typing chromosomes — the prospects here are quite exciting for clinical applications.

An impressive description by Wayne State University's Dr. Zouhair Atassi (formerly of SUNYAB's department of biochemistry) on how chemical modification of individual amino acid residues in myoglobin can lead to a comprehensive picture of antigenic structure in a globular protein was capped by Pittsburgh University Dr. Thomas Gill's authoritative review on the ways in which synthetic polypeptides have advanced our understanding of the antigenic structure of proteins.

Binding sites of antibodies were then discussed. Described were several approaches used to understand the small part of an im-



Columbia University's Dr. Samuel Beiser and Dr. Giuseppe A. Andres.

Co-chairing session on cellular sites of antigen recognition are Drs. Gustavo Cudkowicz and Pierluigi E. Bigazzi.





munoglobulin molecule that interacts with antigenic determinants. Identified was amino acid sequence, specific components, configuration of the molecule, and how they affect interaction with the antigen. While Roswell Park Institute's Dr. Allan L. Grossberg, in his approach, first protected the antigen combining site, identified it through this protection, then removed the protective group to see which part of the immunoglobulin molecule was involved. Dr. Oliver A. Roholt described isolation of peptides and amino acids that react with a particular antigen.

A different part of the antibody molecule was reviewed by SUNYAB professor of pathology Dr. Stanley Cohen. The part of the immunoglobulin involved in both protective and allergic reactions is distinct from the antigen combining site which the previous speakers have described. He showed how this region, the Fc piece, functions in complement fixation and allergic reactions. The studies made use of both chemically modified antibodies and

Dr. Stanley E. Cohen

Enjoying the coffee break are Dr. Felix Milgrom and graduate student Alan Gewirtz.



Pittsburgh's Dr. Thomas J. Gill makes his point.

computer models based on the experimental results. Explained Center for Immunology director, Dr. Noel Rose, these fundamental kinds of studies help us to understand how antibodies in some cases protect the individual against disease while at other times produce harmful effects such as allergies and the rejection of grafted organs.

A major feature emerging from the Convocation was a tool to explore the mechanisms of the immune system, man's defense against disease. It is the human cancer, multiple myeloma, that provides much information on antibody molecule and its function. The malignant cells in this disease are derived from a single abnormal ancestor cell that sometimes produce a pure substance in large amounts that is very similar to the normal antibody. Explained National Institutes of Health Dr. Michael Potter, the information gathered by this tool will be used not only to treat this kind of cancer but other cancers as well as many other kinds of disease.

But there are also other types of antibodies, those of limited heterogeneity as well as proteins of multiple myeloma with antibody activity. Massachusetts General Hospital's Dr. Edgar Haber reviewed techniques that have led to production and characterization of ho-

mogeneous antibodies which resemble myeloma protein. By using bacterial vaccines as antigenic stimulants he was able to produce large amounts of homogeneous antibody in many of the rabbits studied, thereby creating a tool by which to understand better the relationship between this homogeneous antibody's molecular structure and its specific function. Although the impetus for production of such antibody still remains unclear, Dr. Haber believes that two important factors may be the characteristics of material injected and the genetic constitution of the animals involved.

Recent work concerning the antigenic determinants or "markers" on antibody molecules that distinguish antibody of one specificity from that of another was discussed by Dr. Alfred Nisonoff from the University of Illinois. These individually specific markers appear to be related to or identical with the structure of the molecule which composes the antibody binding site. The markers, which are called idiosyncratic determinants, can be used to study the genetic control of antibody synthesis. This has led to the concept that genes, which control the biosynthesis of the constant and variable portions of antibodies, are very closely linked. Summed up Dr. Nisonoff, antibodies made against the idiosyncratic markers are proving to be powerful tools in leading to an understanding of the cellular basis of antibody synthesis.



Drs. Erwin Neter and Carel J. van Oss.

Dr. Allan L. Grossberg, Weizmann Institute of Science's
Dr. David Givol, Professor Grabar, Dr. David Pressman.



Reception and buffet dinner
at Albright-Knox Art Gallery.



Johns Hopkins' Dr. Kimishige Ishizaka and Hebrew University's Dr. Dov Sulitzeau.

Program focus then shifted to "signals" which tell a cell in the body when to synthesize antibodies. Several speakers pointed to cells that have a trigger which resembles antibody and specifically recognizes antigen. When the antigen "pulls" this trigger the cell is switched on; it begins to multiply and produce antibody. This trigger was first visualized by Dr. Dov Sulitzeau of Hadassah Medical School in Jerusalem who labelled the antigens which react to it. Much of this work was performed during his stay at Roswell Park Institute several years ago.

Dr. Thomas B. Tomasi, Jr.

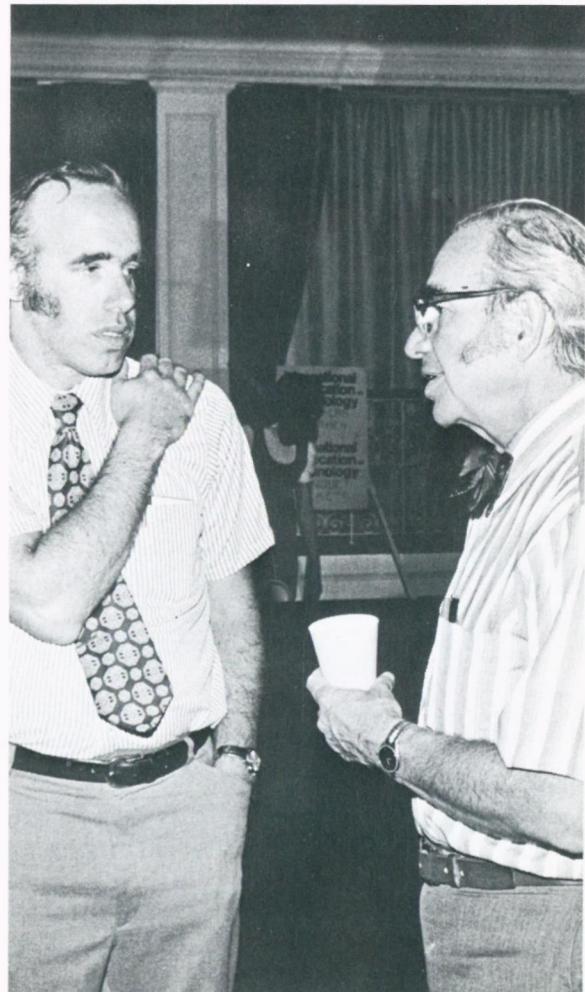
A banquet honored Professor Pierre Grabar, Institut Pasteur, Paris, who has made many important contributions to the study of antigens and antibodies, and has done much to stimulate the development of immunology as a discipline in France and throughout the world.

The final session dealt with the means by which the body regulates the production of antibody. Roswell Park's Dr. Yasuo Yagi told of studies of antibody formation in cell cultures while Dr. Matthew D. Scharff of Albert Einstein College of Medicine discussed specific steps (which he successfully duplicated in the laboratory) by which antibody molecules are put together. New York University's Dr. Jonathan Uhr spoke of control mechanisms which regulate the production of antibodies.



The entire proceedings will be published as the third in a series of international volumes sponsored by The Center for Immunology which was established at the University in 1967 to foster training and research in immunology. Staffing The Center are faculty from the University and Roswell Park Institute, actively engaged in work which covers all aspects of immunology. Its first director, Dr. Ernest Witebsky, Distinguished Professor of Bacteriology and Immunology, died unexpectedly on December 7, 1969. Its present director is Dr. Noel R. Rose, professor of microbiology, and its associate director is Dr. Stanley Cohen, professor of pathology. Program committee for this third International Convocation on Immunology were Drs. David Pressman, Thomas B. Tomasi, Jr., Allan L. Grossberg, James F. Mohn, and Noel R. Rose. □

Albert Einstein's Dr. Matthew D. Scharff and Dr. David Pressman.



For 96 medical students classes were not over when the academic year ended in mid-May. Through the unique opportunity of summer fellowships, 40 freshmen, 53 sophomores, and three juniors will receive either a \$500, \$750 or \$1000 stipend for an eight to ten week clinical or research experience.

In reviewing applications received from medical students that outlined proposed research or clinical projects under specific preceptors, the six-member summer fellowship committee (3 faculty from basic sciences and an equal number of clinical representatives) under its chairman, Dr. Carl J. Bentzel, found six that were continuations of outstanding projects begun last year. In some cases these projects were as carefully planned and pursued as research programs by senior faculty. Freshman Leonard M. Klein and sophomores Jon Rosenberg, Virginia Sybert, Craig A. Traugott, Robin L. Trumbull, and Robert M. Weiss were awarded \$1000 stipends.

Said Dr. Bentzel who is an assistant professor of medicine, "the emphasis on this year's applications appears to be in research." Over half (61) will be working on projects that encompass research in basic medical sciences, clinical research and research in health care delivery. The remaining 35 will seek to further their education by preceptorships in the clinical field. Of this figure, eight will work in rehabilitation medicine under Dr. John J. O'Connor at the E. J. Meyer Memorial Hospital, while 17 will work closely with family practitioners.

More than three quarters of the group (88) will remain in Buffalo to work in University laboratories or at local hospitals. Five will work in European hospitals or laboratories, six at New York City medical institutions, two in California, and one each in Connecticut and Florida.

Summer Fellowships

CLINICAL

Local

Block, Joel '75

Brown, Ian S. '74

Cohen, William F. '75

Dysnki, Sister Marguerite '75

Goodman, Marianne '74

Hochberg, Lynn B. '75

Mruczek, Arthur W. '73

Stomierowski, Louise M. '74

Szymula, Norbert J. '74

Whelan, Kathleen M. '74

Project

Introduction to care, management of handicapped child, rehabilitative aspects

Tumor immunology; cell mediated cytotoxic assays *in vitro*

Endocrinology

Clinical preceptorship

Pediatric Surgery

Comparative Study of Organs controlling salt, water balance in *Lebistes, Fundulus*

Clinical Clerkship

Obstetrics-Gynecology

Clinical correlation of surgical pathology

Gastric secretory response to insulin infusion, other drugs; exp. visceral cryosurgery

Site, Faculty

Children's Hospital—Dr. R. Warner

Roswell Park—Dr. G. Moore

Children's Hospital—Dr. T. Aceto

St. Joseph's Hospital, Elmira—Dr. F. Brand

Children's Hospital—Dr. T. Jewett

Anatomy, SUNYAB—Dr. E. Hayes

Arnold Gregory Memorial Hospital—Albion

S. Buffalo Mercy Hospital—Dr. D. J. Nenno

Sister's Hospital—Dr. P. Milley

VA Hospital—Dr. A. Gage

REHABILITATION MEDICINE — E. J. Meyer Memorial Hospital

Bauer, C. Donald '75

Colman, Marc '75

Franklin, Hal A. '75

Hanlon, Donna M. '75

Holifield, Edward W. '75

Neumann, Peter R. '75

Sadow, Stephen W. '75

Severin, Hayden '75

Foreign

Alpert, Bernard S. '74
Pietraszek, James C. '74
Ramos, Carmen R. '74

Project

IFMSA International Exchange Clinical Clerkship
IFMSA International Exchange Clinical Clerkship
Neuropathology, clinical neurology fellowship

Site, Faculty

Medical Center, Lund, Sweden
Medical Center, Lund, Sweden
Maida Vale Hospital, London, England

RESEARCH**Local**

Barker, Marilyn '75

Bartkowski, Henry M. '74
Boyd, Marvin T. '74
Brady, Brendan '75

Braico, John C. '74

Budny, James '74

Burdick, James P. '75
Culmer, Viola L. '74
Dahn, Michael S. '75

Ford, Leslie G. '74
Giaccio, Richard '75
Groskin, Stephen '75
Gustafson, Paul B. '74

Hart, Benjamin A. '74

Hedger, John '75

Hershkopf, Richard J. '74
Hrushesky, William '73

Kostrada, Nina C. '75

Layne, Gregory D. '75

Lee, Richard S. '74

Leffke, David '74

Licciardi, Ludwig '75

Lo, Hing-Har '74
Lovecchio, John '75
Manzella, John P. '74

Muido, Leo '74
Nakao, Michael '75

Nathanson, Jan T. '74
Piirmann, Margaret '75

Purgess, Jan R. '74
Rade, Michael P. '75
Rinow, Michael E. '75
Roehmholdt, Mary E. '75

Rosenthal, Thomas C. '75

Rowland, Michael C. '75
Sorge, Anthony C. '75

Sampson, Hugh A. Jr. '75

Sdao, Michael W. '74

Studies on arrangement of nucleoproteins in sperm heads of various urodeles and humans

Phenomenology of focal experimental epilepsy
Preceptorship in intensive care and trauma study units
Nurse training program in primary health care delivery

Protection of animals from pulmonary oxygen toxicity by steroids

Neutrophil physiology in infectious states and in diseases characterized by defective neutrophil function

Kidney perfusion and preservation
Early stimulation of high risk infants
Common properties of osmotically induced, solute coupled transepithelial water flow

Research, clinical applications of human genetics

Determination of inulin space in isolated muscles

Specimen preparation for gross anatomy

Introduction to care, management of handicapped child stressing rehab. aspects

Improved method for T-4 assays by competitive protein-binding analysis using anion-exchange resin and radiothyroxine

Investigate stimulation sequence facilitating digitalis induced arrhythmias in animal, man

Computer simulation of blood coagulation dynamics

Evaluate experimental chemotherapeutic drugs in new solid tumor model of renal carcinoma

Nonhistone chromosomal proteins; effect on genetic expression of normal, neoplastic tissue

Development of bioassay of androgen action on bone maturation using Perotechnetate-99

Comparison of myocardial function determined by angiography vs. systolic time intervals

Success of bronchial, pleural biopsies in making specific diagnoses

Objective study, evaluation of drug rehabilitation centers in Erie County

Immunology

Anatomical techniques

Calculation of pulmonary artery pressure from P₂-V peak interval

Family constellation under stress of terminally-ill patient

Perception of stimuli alternating between receptive surfaces in audition, somesthesia

Study of fatal methadone overdose in Erie County

Effect of intrauterine malnutrition on hepatic drug metabolism

Cancer immunology

Adjustment of blood volume, intrarenal perfusion at birth

Attitudes, outlook of terminally-ill child

Transepithelial conductance in response to alternating currents

Planning of demonstration health care delivery model

Lymphatic involvement in arteriosclerosis

In Vitro study of oxyhemoglobin dissociation curve of human blood under hypothermic conditions at pH for that temperature

Immunochemical detection of human species specific esterase in interspecies hybrid cells

Evaluate, analyze, utilize mental health facilities at Lackawanna Community Health Center

Biology, Canisius—Dr. K. Barker

Physiology, SUNYAB—Dr. W. Noell
Meyer Hospital—Dr. J. Border
Social, Preventive Medicine, SUNYAB—Dr. H. Sultz

Meyer Hospital—Dr. R. Markello

Children's Hospital—Dr. M. MacGillivray

Roswell Park—Dr. G. Murphy
Psychiatry, SUNYAB—Dr. N. Solkoff
Veteran's Hospital—Dr. D. Hare

Children's Hospital—Dr. R. Davidson
Physiology, SUNYAB—Dr. E. Ohr
Anatomy, SUNYAB—Dr. J. Lee
Children's Hospital—Dr. R. Warner

Children's Hospital—Dr. W. R. Slaunwhite, Jr.

Meyer Hospital—Dr. S. Wittenberg

Biochemistry, SUNYAB—Dr. D. Surgenor
Roswell Park—Dr. G. Murphy

Biology, SUNYAB—Dr. T. Wang

Children's Hospital—Dr. W. R. Slaunwhite, Jr.

Children's Hospital—Dr. E. Lambert

Millard Fillmore Hospital—Dr. S. Messinger

Erie County—Dr. L. Nemeth

Microbiology—Dr. N. Rose
Anatomy, SUNYAB—Dr. J. Lee

Buffalo General Hospital—Dr. J. Constant

Psychiatry, SUNYAB—Dr. M. Plumb
Psychiatry, SUNYAB—Dr. S. Axelrod

Meyer Hospital—Dr. J. Lehotay

Children's Hospital—Dr. C. Catz

Roswell Park—Dr. Minowada
Children's Hospital—Dr. W. Rahill
Psychiatry, Meyer Hospital—Dr. M. Plumb
Veteran's Hospital—Dr. C. Bentzel

Social, Preventive Medicine, SUNYAB—Dr. H. Sultz

Meyer Hospital—Dr. G. Reading

Children's Hospital—Dr. W. J. Rahill

Center for Immunology—Dr. N. Rose

Lackawanna Clinic—Dr. R. Wolin

Local
Stratford, William '75
Stubenbord, John C. '75
Uhl, Natalie J. '75
Varecka, Thomas F. '74
Wolman, Stuart A. '74

Project
Cardiovascular changes in swimming
Physiologic significance of extra oxygen deficit incurred in man during bromide
Effect of 6-aminoicotinamide on developing nervous system of rat
Bone pathology
Clinical Genetics: Study of Linkage in two or more families

Site, Faculty
Physiology, SUNYAB—Dr. D. Rennie
Pharmacology, SUNYAB—Dr. J. Winter
Pharmacology, SUNYAB—Dr. F. Kauffman
Meyer Hospital—Dr. E. Mindell
Buffalo General—Dr. R. Bannerman

National

Cukierman, Jack '74
Campanella, Vincent '74
DiSanto, Joseph '75
Gershbein, Bart '74
Goldstein, Howard R. '74
Greene, Donald R. '74
Hirsch, Eugene H. '75
Kleinman, George M. '74
Morris, Steven J. '73
Schiff, Jill B. '75

Removal of metabolites from peritoneal cavity with new device
Pulmonary changes secondary to bodily injury in man
Study of growth, development of newborn with hyperbilirubinemia treated with phototherapy
Pilot study of occupation and prostatic cancer
Anatomic pathology (microscopic and gross)
Pilot study of occupational and prostatic cancer
Investigate chemical maturation of mouse brain tissue <i>invitro</i> and <i>in situ</i>
Anatomical pathology, emphasis on neoplasms of nervous system
Measure cardiac output, stroke volumes, myocardial contractility, other parameters of cardiac function by thoracic impedance cardiography
Research, group therapy in children, adolescents with chemical Diabetes Mellitus

Brooklyn Jewish Hospital, N. Y.

Albert Einstein College of Medicine
Elmhurst General Hospital, Queens

University of California at Berkeley
Albert Einstein College of Medicine
University of California at Berkeley
Mt. Sinai School of Medicine, N. Y. C.

Bridgeport Hospital, Connecticut

St. Barnabas Hospital, Bronx

Mt. Sinai Hospital, Miami

Foreign

Truax, Bradley T. '74
Walsh, Thomas L. '74

Neuropathology
Clerkship in radiotherapy

Maida Vale Hospital, London, England
St. Bartolomew's Medical College, London, England

\$1,000 Category

Klein, Leonard M. '75
Rosenberg, Jon '74
Sybert, Virginia '74
Traugott, Craig A. '74
Trumbull, Robin L. '74
Weiss, Robert M. '74

Studies in detection of anti-platelet antibodies
Bromide intoxication: test of Stein's theory of schizophrenia
Effects of cytochalasin-B in human lymphocytes
Electrophoretic analysis of creatine phosphokinase isozymes in human skeletal and cardiac muscle, pathologic sera
Characterize resistance factor product mediating tetracycline resistance in <i>E. Coli</i> .
Determine cytotoxicity of antisera prepared by immunization with neuraminidase treated 6C ₃ H-ED lymphoma

Children's Hospital—Dr. L. MacDougal
Pharmacology, SUNYAB—Dr. J. Winter
Children's Hospital—Dr. R. G. Davidson
Biochemistry, SUNYAB—Dr. E. Massaro

Pharmacology, SUNYAB—Dr. A. Reynard
Roswell Park—Dr. J. Bekesi

Family Practice (arrangements by Dr. James Nunn)

Brown, Albert '74
Chmielewski, Thomas '74
Cintron, William C. '74
Jimenez, Ruffino '74
Langford, Edward '74
Lasser, Daniel '74
Meggett, Isaiah '74
Portale, Anthony '74
Purgess, Jan R. '74
Rivera-Arguinzoni, Ramon '74
Simon, Joel A. '74
Welch, Peter C. '74
Wetter, James M. '74
Whelan, Kathleen '74
Xistris, Evangelos '74
Yang, Linda L-C. '74
Younkin, Donald P. '74

350 Alberta Drive, Amherst
826 East Delavan Avenue, Buffalo
1282 Stony Point Road, Grand Island
350 Alberta Drive, Amherst
3435 Bailey Avenue, Buffalo
3435 Bailey Avenue, Buffalo
1453 Jefferson Avenue, Buffalo
2567 Sheridan Drive, Tonawanda
41 Crowley Avenue, Buffalo
142 Bidwell Avenue, Buffalo
1275 Delaware Avenue, Buffalo
350 Alberta Drive, Amherst
350 Alberta Drive, Amherst
509 Cleveland Drive, Buffalo
531 Center Road, West Seneca
3435 Bailey Avenue, Buffalo
33 Center Street, East Aurora

Dr. Ray G. Schiferle
Dr. John Gabby
Drs. Robert H. Miller and Edward A. Rayhill
Dr. James R. Nunn
Dr. Herbert E. Joyce
Dr. Robert W. Haines
Dr. Frank G. Evans
Dr. Eugene C. Hyzy
Dr. Fred Shalwitz

Dr. Max Cheplove
Dr. Philip Goldstein
Dr. Thomas W. Bradley
Dr. Robert Corretore
Dr. Charles A. Massaro
Dr. Frederick C. Nuessle
Dr. Harry L. Metcalf
Dr. Elbert Hubbard, III

Vice President Search Committee Named

President Robert L. Ketter has charged the recently named 14-member Search Committee for Vice President for Health Sciences to recommend candidates who are "visionary, who will look to the future, who can cope with and force rapid change, who are not tied to what each of us know as the traditional methods of education, and who can lead Buffalo to pre-eminence as a center for the development of new and effective health care systems."

The current vice president for the Faculty of Health Sciences, Dr. Clyde L. Randall, will retire soon.

The Vice President for Health Sciences, Ketter told the Committee, "is charged with the development, coordination and administration of the Schools, centers, institutes and programs located within the Health Sciences Center and, at the same time, is responsible for the formal and informal relationships between this University and the hospitals, clinics and other patient care facilities with which we maintain cooperative relationships."

He "must also maintain a close working relationship within this University community and play a key role in undergraduate and graduate program development," Ketter said.

Also, "The Vice President for Health Sciences is our chief spokesman and representative in matters of health to SUNY and to the many public and private agencies with which we deal."

Ketter pinpointed the primary responsibilities of the Health Sciences as "teaching and research," but, he said, "we cannot ignore the crying needs of society for better access to total health care, which includes prevention of disease as well as treatment of it. It would seem most logical to assume that the university centers of our country are best equipped to mount the multidisciplinary, interdisciplinary attack which can meet those needs."

Members of the Search Committee are: Mrs. John (Mildred) Campbell, community representative; Dr. Lawrence Cappiello, assistant to the executive vice president, secretary; Miss Sara Ciccarelli, Medical Technology; John Coulter, assistant to the dean, Pharmacy; Dr. James Dunn, Anatomy; Dr. Daniel Fahey, member, U/B Council; Dr. Andrew Gage, Veterans Hospital; Dr. Milo Gibaldi, Pharmaceutics; Dr. L. Saxon Graham, Sociology; Dr. George Greene, Oral Pathology; Dr. Donald Rennie, Physiology; Dr. Jeanette Spero, Nursing; and Dr. William Staubitz, Surgery, Meyer Memorial Hospital, chairman.

Health science students elected Miss Dorothy Ackerman, a fourth-year student in nursing and Mr. Daniel Botsford a second-year student in medicine to the committee. □

The 1915 Class

Dr. W. Gifford Hayward, M'15, is retired and living in Cocoa Beach, Florida (131 Sunny Lane). The urologist practiced for many years in Jamestown, N.Y. He was a past president of the W.C.A. and Jamestown General Hospital staffs. Dr. Hayward was also a past president of the Jamestown and Chautauqua County Medical Societies and the Northeast Section of A.U.A. and past chairman of the Section on Urology, New York State Medical Society. Dr. Hayward wrote extensively for the *Journal of Urology*, the *Urologic and Cutaneous Review*, from 1938 to 1953.

The Classes of the 1920's

Dr. Bart A. Nigro, M'20, who is semi-retired, is on the Honorary Staff at Buffalo Columbus Hospital. The former diagnostician of Buffalo and Erie County Health Departments, is a member of county, state and national medical societies. He lives at 229 Irving Terrace in Kenmore.□

Dr. Irwin M. Walker, M'20, was honored in May by the Niagara County Medical Society for his 50 years of medical practice in the area. He received a certificate from the State Medical Society.□

Dr. Joseph V. Farugia, M'21, was honored in May for his 50 years of medical practice in Niagara Falls. Dr. Boris Golden, M'40, was guest speaker and Dr. Peter Iannuzzi was master of ceremonies. Dr. Farugia was described as "a unique man because he practices good medicine and is interested in many other things as well."□

Dr. Franklin T. Clark, M'22, was honored in May by the Niagara County Medical Society for his 50 years of medical practice in the area. He received a certificate from the State Medical Society.□

Dr. Caryl Koch, M'23, retired from general practice in 1966 to assume duties as full time medical director of the Orchard Park Central School System. He is a member of local, state and national medical societies and on the

Board of Directors of the New York State School Physicians Association.□

Dr. W. Yerby Jones, M'24, the only black physician to head a department in both the E. J. Meyer Memorial Hospital and the Medical School, was honored at a testimonial dinner May 3. He retired from the faculty last year after 25 years of service. The ophthalmologist will continue his private practice.□

The Classes of the 1930's

Dr. Thomas S. Bumbalo, M'31, was elected to serve a one year term as Vice President, Medical Society, State of New York at the organization's annual convention. He is a clinical professor of pediatrics at the Medical School.

Currently serving as Assistant Medical Director at E. J. Meyer Memorial Hospital, Dr. Bumbalo is a Past-president of the Medical Society, County of Erie and Immediate past-president of the Eighth District Branch Medical Society, State of New York. He has acted as Medical Society representative, and Specialty (Pediatrics) representative to the State society for a number of years. In this capacity he has also acted as caucus chairman at the MSSNY annual convention. Most recently he has served as State Society delegate to the American Medical Association. Dr. Bumbalo will occupy a seat on the Council of the State Society by virtue of his new office.□

Dr. and Mrs. Joseph D. Godfrey were honored for contributions to Canisius High School at the annual June Commencement. Dr. Godfrey is a 1931 Medical School Graduate and a clinical professor of surgery (orthopedic) at the University and Buffalo Bills team physician. Both of the Godfrey's sons graduated from Canisius. They are the Reverend Joseph J. Godfrey, S.J., now in graduate study at the University of Toronto and William R. Godfrey, who graduated from Notre Dame University this spring.□

Dr. Edison E. Pierce, M'33, was honored in April by the East Aurora Kiwanis Club. He received the club's distinguished service award for serving the community 37 years as a general practitioner. Dr. Pierce is a member of the Buffalo General Hospital surgical staff.□

Dr. Norbert G. Rausch, M'33, terminated his private practice of dermatology in October,

1970. He is now V.D. consultant to the Erie County Health Department and attending dermatologist at Veterans Hospital. He is also a clinical associate in medicine (dermatology) at the University.□

After a lengthy U. S. Public Health Service career (1939-1972), Dr. Thomas C. McDonough, M'36, is now in limited private practice, specializing in insurance examinations. Dr. McDonough was in charge of the USPHS Out-patient Clinic, Buffalo from 1968-1972. His address is 41 Berkley Place, Buffalo.□

Dr. Robert B. Newell, M'36, a surgeon, has retired from private practice in Rock Island, Ill. to join North Carolina's High Point Memorial Hospital's Emergency Room staff. He lives at 213 North Point Avenue, No. 217A, High Point.□

Dr. Theodore T. Jacobs, M'38, has been elected president and chief executive officer of the Buffalo General Hospital. He has been on the hospital staff in various administrative positions since 1959. Dr. Jacobs is an assistant clinical professor of surgery at the School of Medicine.□

Dr. Roy E. Seibel, M'39, has been named a Fellow of the American College of Radiology. He is a clinical assistant professor of radiology at the Medical School.□

The Classes of the 1940's

Dr. John Persse, M'42, was honored at a testimonial dinner April 27 for his 21 years of service as chief of surgery at Mercy Hospital (Buffalo). He is a Fellow of the American College of Surgeons and a Diplomate of the American Board of Surgery. Dr. Persse served his internship at Mercy Hospital and his surgical residency at Alexander Blain Hospital, Detroit.□

Dr. Alexander Slepian, M'43, received the annual brotherhood Citation from the Canadian Council of Christians and Jews in Niagara Falls in May.□

Dr. Charles J. Tanner, M'43, is president of the South Buffalo Mercy Hospital Medical Staff (1972). He lives at 785 Orchard Park Road, West Seneca.□

Dr. Thomas F. Frawley, M'44, whose specialty is Internal Medicine (Endocrinology) is physician-in-chief, St. Louis University Hospitals. He is professor and chairman of the

department of internal medicine at St. Louis University School of Medicine and was recently appointed Governor of the American College of Physicians, Missouri. His term of office lasts until 1974. Dr. Frawley is a co-author with Dr. George W. Thorn, M'29, of a book entitled *The Adrenal Gland*.□

Dr. William J. Rogers III, M'45, a surgeon who lives at 4080 Delaware in Tonawanda, New York, has been elected president of the newly-formed NYS Society of Orthopedic Surgeons.□

Dr. Albert P. Sutton, M'48, a urologist who is an assistant clinical professor at the Albert Einstein College of Medicine, is president of the Brooklyn-Long Island Urologic Society. He lives at 38 Hemlock Drive in Kings Point, Great Neck.□

Dr. Irving R. Lang, M'49, has been named chief of obstetrics and gynecology at Clifton Springs Hospital and Clinic, New York. Dr. Lang did his residency in obstetrics and gynecology at the E.J. Meyer Memorial Hospital and was an assistant clinical professor at the Medical School before moving to Newark 10 years ago. He is currently president of the New York State Divisions of the American Cancer Society.□

The Classes of the 1950's

Dr. Robert H. Burke, M'51, an obstetrician-gynecologist, lives at 811 York Street, Oakland, California. He is a member of the American College Ob-Gyn and Surgeons (Board Ob-Gyn).□

Dr. Bernie P. Davis, M'52, an orthopedic surgeon who lives at 666 Colvin Avenue in Kenmore, is president of the Western New York Orthopedic Society and Phi Lambda Kappa, a medical aid society, as well as vice president of the medical staff at North Tonawanda's DeGraff Memorial Hospital. He is an instructor of orthopedic surgery at the University.□

Dr. Frank S. Cascio, M'54, is an associate professor of medicine at the University of Kentucky in Lexington. He is Director of the Health Service at the school. Dr. Cascio is a Diplomate, American Board of Internal Medicine and a Fellow of the American College of Physicians and also the American College of Chest Physicians.□

Dr. Ernest H. Meese, M'54, a surgeon who is assistant clinical professor at the University of Cincinnati Medical Center, is a member of many national and state medical societies. He has been elected vice president of the Cincinnati-Hamilton County unit of the American Cancer Society and to the American Heart Association of SW Ohio's board of trustees and executive board. Dr. Meese lives at 174 Puddetti Road in Cincinnati.□

A 1955 Medical School graduate, Dr. Milton Alter, discussed "Clues to the Cause of Multiple Sclerosis" at the annual public education program sponsored by the Multiple Sclerosis Association of Western New York in May. Dr. Alter is professor of neurology at the University of Minnesota and director of the multiple sclerosis clinic. He is also chief of neurology at Minneapolis Veterans Hospital.□

Dr. William J. Sullivan, M'55, a psychiatrist who is on the faculty of the University of South California's Psycho-Analytic Institute, is a Diplomate of the American Board of Psychiatry and Neurology. He lives at 2204 Westridge Road in Los Angeles.□

Dr. Germante Boncaldo, M'57, has been elected a Fellow of the American College of Physicians. He is a clinical instructor in medicine at the Medical School.□

Dr. Hilliard Jason, M'58, is stepping down from his position as Professor and Director of the Office of Medical Education Research and Development, College of Human Medicine, Michigan State University, to return to more active teaching and research. Dr. Jason founded the department six years ago at this new medical school. For the coming year he will be on leave of absence serving as "Scholar in Residence" at Lister Hill Center for Biomedical Communications at the National Library of Medicine in Washington, D. C. His home address is 947 Roxburgh Road, East Lansing.□

Dr. Thomas Doeblin, M'59, has been elected a Fellow of the American College of Physicians. He is a clinical assistant professor of medicine at the School of Medicine.□

Dr. Seymour D. Grauer, M'59, a surgeon who is an instructor at New York University is also a member of a group-type (prepaid medical plan) practice in Hicksville. The Fellow of American College of Surgeons lives at 20 Deerpath Lane in Syosset.□

The Classes of the 1960's

Dr. Harris C. Faigel, M'60, whose specialty is Adolescent Medicine, is a clinical instructor in pediatrics at Boston University. His home address is 123 Sewall Avenue, Brookline, Massachusetts.□

Dr. Marshall E. Barshay, M'63, a nephrologist on the staff of Los Angeles' Wadsworth VA Hospital, is a member of the American Society of Clinical Hypnosis and an associate of American College of Physicians. Dr. Barshay lives at 3630 Sepulveda Blvd., Apt. 135, Los Angeles.□

Dr. Lee N. Baumel, M'63, a psychiatrist who lives at 9270 Warbler Way in Los Angeles, is president of AWN (All We Need), a national eleemosynary foundation for dialysis and transplantation, and vice president of Probus Productions (productions for TV). Among his other memberships are Cedars Sinai Medical Center, Southern California Psychiatric Society, APA, and he serves as psychiatric consultant to Kidney Dialysis and Transplantations Programs.□

Dr. Robert S. Zeller, M'63, a pediatric neurologist, has moved to 302 Gentilly Place, Houston, Texas (from Buffalo).□

Dr. Robert W. Harding, M'64, an internist, lives at 310 Tanner Street, Rutherfordton, North Carolina. He is a Diplomate, Board of Internal Medicine and a member of the American College of Physicians. He is Chief of Staff at Rutherford County Hospital and County Delegate to the North Carolina State Medical Society.□

Dr. Ronald S. Mukamal, M'64, a general surgeon at the USAF Hospital, George AFB in California, has been honored by the Jewish Chaplaincy in "grateful recognition of (his) loyalty and devotion to God and country as a surgeon in USAF Hospital, George AFB, California." He lives at 4 California Court in Victorville.□

Dr. Bernard S. Potter, M'65, recently completed his dermatology residency at Temple University Health Sciences Center, The Skin and Cancer Hospital of Philadelphia (7-1-69 to 6-30-72). He has now entered private practice of dermatology at 410 Wolf Hill Road, Dix Hills, New York.□

Dr. David L. Buchin, M'66, has completed military service in July at Denver's Fitzsimons General Hospital where he was a psychiatrist. He plans to move to Phoenix, Arizona for additional residency training.□

Dr. Ira Feldman, M'66, who was recently in the U. S. Army at Fort Jackson, Columbia, South Carolina, is now starting the 2nd year of a Cardiology Fellowship (July, 1972) at Harbor General Hospital in Los Angeles. His first year fellowship was the same institution from 1969-1970. In March, 1971, Dr. Feldman became a Diplomate of Internal Medicine. He has co-authored articles appearing in *THE AMERICAN JOURNAL OF MEDICINE*, *CIRCULATION*, and *CHEST Magazine*.□

Dr. Marcella F. Fierro, M'66, is a resident in pathology at the Medical School of Virginia, Richmond. Her address is 2901 Wighton Drive, Richmond.□

Dr. Robert M. Tabachnikoff, M'66, who has been chief resident in OB/Gyn at Hartford Hospital, (Connecticut), will open a private practice in his specialty in Sarasota, Florida in September.□

Dr. Eugene B. Wolchok, M'66, is in his last year of residency in ophthalmology at Massachusetts Eye and Ear Infirmary and is also a teaching fellow at Harvard Medical School. He lives at 59 Mosman Street, West Newton.□

Dr. John R. Anderson, M'67, recently entered full time Emergency Medicine practice (May, 1972) at the Community Hospital of Roanoke Valley, Virginia, after serving in the U. S. Navy. Two case reports of Dr. Anderson were published in *Aerospace Medicine* of October and November, 1971. His new address is 3782 Tomley Drive, Roanoke.□

Dr. Robert M. Benson, M'67, is now finishing up his pediatric assignment in the U. S. Army at Dewitt Army Hospital, Fort Belvoir, Virginia. In September, 1972 he will begin a fellowship in pediatric endocrinology at Johns Hopkins Hospital. He took previous pediatric training at the UCLA Hospital and William Beaumont General Hospital.□

Dr. Richard H. Daffner, M'67, is a resident in diagnostic radiology at Duke University Medical Center, Durham, North Carolina. He is contributing editor, radiology, *THE NEW PHYSICIAN (SAMA)*.□

Dr. Douglas Roberts, M'67, is now a Cardi-

ology Fellow at Strong Memorial Hospital, Rochester, New York. Until July, 1972 he was chief resident in medicine at Meyer Memorial Hospital.□

Dr. Margaret A. White, M'67, (nee Brown) completed her residency in pathology in July and has been appointed to the Medical College of Virginia as an instructor in pathology. Her new address (she was married in May) is 8830 M Three Chopt Road, Richmond, Virginia.□

Dr. S. K. Bosu, M'69, is an assistant clinical instructor (pediatrics) at McGill University Medical School, Montreal, Quebec, Canada. He is also doing a 1-2 year fellowship in neonatology at the Montreal Children's Hospital.□

Dr. Lang M. Dayton, M'69, is now serving a 2 year USPHS obligation and is also an Instructor in Medicine at the University of West Virginia Medical Center. He was formerly a Fellow in Pulmonary Diseases at the University of Colorado Medical Center. His address is 916 Hawthorne Avenue, Morgantown, West Virginia.□

Dr. John R. Fish, M'69, is a resident, orthopedic surgery, at the University of Minnesota. His address is 3472 North Milton Street, St. Paul.□

The Classes of the 1970's

Drs. Charles and Ellen Fischbein, M'70, have both completed pediatric residencies at the University of Cincinnati. Charles (now at Harvard University) will do a fellowship in pediatric cardiology at Boston Children's Hospital; Ellen (Boston University) will do a fellowship in pediatric radiology at Boston Children's and Boston City Hospitals. Their new address is 307 Windsor Drive North, Framingham, Massachusetts.□

Dr. James K. Smolev, M'70, wife Linda, and daughter, Jennifer Deborah (born February 28, 1972) are now at Fort Defiance, Arizona, where he is on active duty, U. S. Public Health Service at the Indian Hospital. He had previously completed his internship, department of surgery, Johns Hopkins Hospital. After two years in P.H.S., Dr. Smolev expects to return to Hopkins for a residency in urology.□

Since July 1 Drs. Donald Marcus and Allen Berliner, both M'71, are in the National Health Service Corps division of the U. S. Public Health Service, Mono County, California.□

People

President Nixon named Dr. Gerald P. Murphy, director of Roswell Park Memorial Institute, among his 18 appointees to the new National Cancer Advisory Board. Dr. Murphy is a research assistant professor of surgery (urology) at the Medical School.□

Dr. Eleanor A. Jacobs, clinical assistant professor of psychology in the department of psychiatry at the Medical School, was awarded a plaque and \$1,000 for her research in learning and memory in aging at a symposium at Miami Beach in March. She is also on the staff of Veterans Administration Hospital. Dr. Jacobs was the first recipient of the award for "excellence in research." She is trying to ascertain if an increased oxygen delivery to the brain can alleviate some of the symptoms associated with senility.□

Dr. Daphne J. Hare, assistant professor of medicine and biophysical sciences, has been appointed to the NIH Renal Disease and Urology Training Grants Committee. She is on the staff of Veterans Administration Hospital.□

Two members of the Department of Social and Preventive Medicine at the Medical School have accepted positions at the University of Iowa, Iowa City. Dr. Peter Isacson, associate professor and head of the Vaccine Evaluation Unit since 1966, will become professor and chairman of the Department of Preventive Medicine and Environmental Health at Iowa. Dr. Robert B. Wallace, clinical instructor and acting director of the preventable disease service in the Erie County Health Department, will become assistant professor in the same department. He has been on the Medical School faculty since 1971.□

Three alumni have been elected officers in the Heart Association of Western New York. Dr. William J. Breen, M'55, is the new president; Dr. Victor L. Pellicano, M'36, is the president-elect and Dr. Francis J. Klocke, M'60, is the first vice president. Dr. Anthony J. Federico, clinical assistant professor of surgery, is the new secretary. Dr. Joseph J. Zizzi, M'58, is the immediate past president.□



A pre-medical student, Martin Barron, (right) was one of three to win a Clifford C. Furnas \$1,000 Scholar-Athlete-Graduate Scholarship. He was an outstanding breast-stroker on the swimming team. Pictured (left to right) are — Bruce Fraser, football linebacker; Gerry Philbin (class of 1964) New York Jets defensive end, who was master of ceremonies at the 63rd annual "Block B" banquet; Dale Dolmage, hockey center; and Martin Barron.□

A fourth year medical student, David H. Breen, is a regional trustee of the Student American Medical Association.□

Dr. Emma Harrod, clinical assistant professor of pediatrics and research assistant instructor in medicine, is the new deputy commissioner of health in Erie County. For the last two years she has been director of maternal and child health services in the Erie County Health Department. Before joining the department in April of 1970 she was clinical director of the Birth Defects Center at Children's Hospital. Dr. Harrod is a Fellow of the American Academy of Pediatrics.□

Dr. David C. Dean, assistant professor of medicine, is the new president of the Buffalo Academy of Medicine. He succeeds Dr. Michael A. Sullivan, M'53.□

Dr. Theodore H. Noehren is shifting from the University of Utah Medical Center to the Holy Cross Hospital in Salt Lake City. He will continue as a full-time member in the department of medicine (pulmonary division) of the University Medical Center. Dr. Noehren was a member of the UB Medical School faculty from 1952 to 1968. When he resigned he was an associate professor of medicine. He is a graduate of the University of Rochester Medical School.□

People



Dr. Palanker

Four alumni are officers of the Buffalo Surgical Society. Dr. Harold K. Palanker, M'40, is the new president. Dr. Andrew Gage, M'44, is the newly elected vice president, while Dr. Ralph E. Smith, M'43, is the new secretary, and Dr. Carroll J. Shaver, M'44, is the new treasurer. Drs. Floyd M. Zaepfel, M'41, Charles Wiles, M'45, and Worthington G. Schenk Jr., professor and chairman of surgery, are society council members. The society consists of surgeons who are active in community health activities and interested in a progressive medical school. Dr. Palanker is a clinical assistant professor of surgery at the Medical School. He is also chief of one of the three surgical divisions of the Buffalo Children's Hospital, attending on the surgical staff of St. Joseph Intercommunity Hospital, and on the active teaching service of the Buffalo General Hospital. Dr. Palanker is past president of the Western New York Chapter of the American College of Surgeons. He served with the Harvard Medical Unit overseas during World War II and later finished his training in surgery at the Buffalo General and Children's Hospitals under the late Dr. John R. Paine.□

Dr. S. Mouchly Small has been named official consultant for the Jerusalem Mental Health Center-Ezrath Nashim. He presented several seminars in June on the treatment of the aged with hyperbaric oxygenation. Dr. Small is professor and chairman of psychiatry.□

A biochemistry professor, Dr. Willard B. Elliott, was honored in May for his scientific contribution in spectroscopy, clinical chemistry, education and concern for the community. He received the Distinguished Service Award of the Niagara Frontier Section of the Society for Applied Spectroscopy.□

Dr. Felsen



Dr. Irwin Felsen of Wellsville was re-elected president of the Lakes Area Regional Medical Program. He is a clinical instructor in family practice at the Medical School. Dr. Theodore T. Bronk, clinical associate professor of pathology, was named secretary and Dr. John C. Patterson, clinical associate in gynecology-obstetrics, was elected treasurer.□

Dr. Edmund Klein has been successfully eradicating skin cancer with immunotherapy. The research professor of medicine (dermatology and syphilology) at Roswell Park Memorial Institute began his research in 1963 and is using his technique as a last-ditch effort to save patients with intractable internal cancers manifested in the skin. In May at a National Cancer Institute conference in Gatlinburg, Tenn. the physician-researcher reported that of 32 such cases treated so far, 24 had achieved remissions ranging from six weeks to six years.□

Dr. Margaret Acara, who received her Ph.D. in pharmacology in 1971 from the university has been awarded a "graduate women in science grant-in-aid" from Sigma Delta Epsilon, an organization of national women scientists. Dr. Acara's \$750 award was one of three. She is currently working in Dr. Barbara Renwick's (professor of pharmacology) laboratory as a Postdoctoral Fellow, supported by a fellowship from the United Health Foundation.□

Dr. William A. Isaacs, a hematologist from the University of Ibadan in Nigeria, spent the last three months in the Medical Genetics Unit, Buffalo General Hospital, on a research fellowship to study sickle cell anemia. He worked with Dr. Robin M. Bannerman, professor of medicine at the Medical School. Dr. Isaacs pointed out that about 17 of every 1000 blacks in Nigeria has this disease, compared to three in every 1000 blacks in the United States. He saw sickle cell patients being treated at the hospital and did laboratory investigation of factors which precipitate sickle cell crises. Some of this lab work could not be done in Nigeria, he said.□

Dr. John Edwards has been elected a Fellow of the American College of Physicians. He is a research assistant professor of medicine and a Buswell Fellow at the Medical School.□

Dr. Robert M. Kohn, clinical associate professor of medicine, is president-elect of the New York State Heart Assembly. He is also director of the Buffalo Cardiac Work Evaluation Unit.□

Dr. Kunwar P. Bhatnagar, who received his Ph.D. in Anatomy in 1972 at the university is now an assistant professor at the University of Louisville School of Medicine (Kentucky).□

Dr. Donald P. Shedd, chief of Roswell Park's department of head and neck surgery, and associate research professor in surgery at the University, lectured to the Puerto Rico Chapter, American College of Surgeons last February on oral cancer.□

Several alumni and Medical School faculty members are serving as officers and committee chairmen with the Erie County Medical Society. Dr. Leonard Berman, M'52, clinical associate professor of surgery, is the new president. He succeeds Dr. Anthony P. Santomauro, M'56.

Dr. James H. Cosgriff, assistant clinical professor of surgery is the new president-elect, and Dr. Frank J. Bolgan, M'51 is the newly elected vice president. He is a clinical associate in surgery at the Medical School. The new secretary-treasurer is Dr. C. Henry Severson, M'40. Standing committee officers are: legislation — Dr. Carmelo S. Armenia, M'49; public health — Dr. Alfred R. Lenzner, clinical assistant professor of medicine; economics — Dr. James M. Cole, M'59; medical education — Dr. John J. O'Brien, M'41; ethics — Dr. John J. Giardino, M'58; peer review — Dr. Bernard M. Reen, clinical instructor in medicine.□

One alumnus, Dr. Daniel R. Tronalone, M'22, was among the seven physicians honored for 50 years of practice by the Erie County Medical Society. The others are — Drs. Max S. Aber, Paul Beck, Arthur N. Bodenbender, Archibald S. Dean, George G. Martin and Kurt Mathews.□

Dr. Ralph Sibley, research assistant professor of pediatrics at the Medical School, is the new president of the Citizens Committee for Children of Western New York Inc. A 1962 graduate, Dr. Oscar Oberkircher, is the new treasurer, and Dr. Liselotte K. Fischer is assistant treasurer. She is a clinical associate professor of psychology in the departments of psychiatry and pediatrics at the University. Mr. Steve Knezevich is the new vice president.□

In Memoriam

W.H. Dr. William H. Hall Jr., M'43, was killed in a one-car accident in Western New York June 10. The 53-year-old physician lived at Bemus Point and had a general practice in Jamestown. At one time he was chief of the medical staff of WCA Hospital, Jamestown. He did his residency in surgery and cancer at Memorial Center, New York City. For the last 10 years Dr. Hall served as medical coordinator for the Chautauqua County Fire Service. He served as chairman of the Public Education Committee of the American Cancer Society, New York State Division. Dr. Hall was also active in several other professional organizations.□

E.L.W. Dr. Ethan Lee Welch, M'25, died March 16 in St. James Mercy Hospital, Hornell, N.Y. following a three-week illness. The 70-year-old physician-surgeon started his Hornell practice in 1926, after interning at Buffalo General Hospital. He was chief of staff at St. James Mercy Hospital and during World War II he was medical officer in charge of the Navy unit at Alfred University. He was also on the staff of Bethesda Community Hospital in North Hornell. Following his retirement in 1968 he and his wife traveled extensively in this country and the Orient. His medical memberships included the AMA, medical societies of New York and Steuben County and the American Society of Abdominal Surgery.□

In Memoriam

D.W.

Dr. William Brady is dead at 91. He was a 1901 Medical School graduate. Dr. Brady, who reached out to millions through the nation's first syndicated health column — "Personal Health Service" — died of uremia February 25 at his home in Beverly Hills, California.

His loyal followers will remember the doctor for his no-nonsense health advice. He advocated "oxygen on the hoof, bowling on the green, and somersaults" — and he practiced what he preached until he snapped a vertebra while turning somersaults at 83.

Generations of Americans grew up with Dr. Brady; among his most faithful readers of recent years were the grandchildren and great-grandchildren of his first readers.

Born March 26, 1880, he practiced medicine in upstate New York for 15 years before finally giving up private practice to write full-time.

Over-stating to make his point, Brady explained: "I couldn't make a living in private practice. First, I told patients the truth, and that drove 'em to other doctors. In my innocence I thought patients would like that, but I realized too late that they didn't. Second, I had too many patients who believed a doctor earns his money easily and hence can wait until all other bills have been paid — which too often proves forever."

Dr. Brady's column, which is syndicated by National Newspaper Syndicate, started in 1914. For 58 years he carried out a war against "nostrum manufacturers," "klinik racketeers," and "merchants of medicine."

His salty style and wry humor delighted millions of avid followers. Another physician once suggested that Dr. Brady was wrong in attributing the death of a patient to calcium shortage. "Autopsies reveal that adults don't have as much calcium as children," the other doctor said.

"And why do you think there was an autopsy?!" Brady retorted.

Firmly believing that nutrition is the secret of good health, Dr. Brady strongly advocated the use of vitamins and minerals as a basic part of the everyday diet.

Teetotaler Brady regarded alcohol as a narcotic, and urged youngsters not to smoke until they were 21. Deplored the physical

condition of modern Americans, the doctor urged his readers to ride less and walk more.

He also favored belly breathing, better chewing of food, and conservation of the teeth. "Real or replacement, count each tooth as worth \$10,000," he said. The doctor himself used a birch toothpick with soap-and-water mouthwash.

He fought the over-emphasis on new-fangled instruments, medicines, and methods. Yet, despite his ceaseless wars on "klinik racketeers," Dr. Brady urged his readers to consult reliable doctors. "Few men valued more highly the worth of good medicine and good dentistry," remembers Robert C. Dille, head of the National Newspaper Syndicate and a long-time friend of Brady's. "Perhaps more than any other man, Dr. Brady took his readers out of the Dark Age of mystery and mysticism and led them to a proper respect for science and medicine."

Pomp and ceremony held no appeal for Dr. Brady. His last request was that no funeral or memorial service be held for him. He willed his body to the medical school of the University of California.

"I never fret about eternity," he once said. "I came to a very satisfactory conclusion about that years ago: Leave it to God."

Dr. Brady's wife died in 1960. He is survived by two daughters, Mrs. Charles (Helen) Redford and Mrs. Willis (Elizabeth) Ader, two grandchildren, and five great-grandchildren. □

D.W.

Dr. Paul A. Fernbach, M'39, died of self inflicted gun wounds June 16. The 56-year-old clinical assistant professor of surgery at the Medical School was an associate surgeon at both Buffalo General and Children's Hospitals. He served his internship and residency at the Buffalo General Hospital. Dr. Fernbach specialized in surgery of the peripheral blood vessels. He was a Diplomate of the American Board of Surgery and a Fellow of the American College of Surgeons. He was also a member of the American and International Colleges of Angiology and the Phlebology Association of America. During and after World War II he served as a Major in the Army Medical Corps in the Asiatic Pacific Theater from 1941 to May 1946. □

One

Dr. Warren C. Fargo, M'13, died December 23, 1971. He had practiced pediatrics in the greater Cleveland, Ohio area for 50 years. He was head of the pediatrics department of Saint Luke's Hospital from 1929 to 1939.

Dr. Fargo was born on April 18, 1890 in Warsaw, New York. His ancestors came from St-Fargau in France in 1670. The Wells and Fargo families founded an express service, Wells-Fargo Company, which was rooted in Western New York State and became a romantic part of the history of The United States. With this background, Dr. Fargo became a member of The National Society of The Sons of The American Revolution.

He interned at the Buffalo General Hospital in 1913. His residency training in pediatrics included The New York Nursery and Childs' Hospital, Seaside Hospital of St. John's Guild and The Children's Medical Division of Bellevue Hospital. He had fellowships in pediatrics at Washington University and The Finkelstein Clinic in Berlin, Germany.

Warren Fargo served with distinction in the Army Medical Corps in Tries, Germany in World War I. It was here that he met his long time friend, Dr. Willard C. Stoner, Sr., former Director of Medicine at Saint Luke's Hospital. It was Dr. Stoner who persuaded him to come to Cleveland to practice. He also served in World War II as a Colonel and was the Commanding Officer of the Brook General Hospital at Fort Sam Houston in San Antonio, Texas. On February 25, 1946 he received the Legion of Merit for "Exceptionally meritorious conduct in the performance of outstanding services" while he was in charge of this facility.

Dr. Fargo was Chief Medical Director of The Children's Fresh Air Camp and Hospital, now known as Health Hill, for forty-two years. He was honored in 1963 when a hospital unit was named for him.

The doctor was a member of the Ohio State Medical Association, The American Medical Association, The American Academy of Pediatrics and was certified by The American Board of Pediatrics. He was a member of the Cleveland Academy of Medicine and a former Editor of THE ACADEMY BULLETIN. He was also a member of Nu Sigma Nu Fraternity.□

One

Dr. L. Gordon LaPointe, M'37, died suddenly on January 10 of a coronary. He was living in South Pittsburg, Tennessee at the time of his death.

Dr. LaPointe interned at Sisters of Charity Hospital and had seven months of surgical pathology at Buffalo General Hospital. He did his surgical residency at New York Post Graduate Hospital from 1939-41. He continued his work, serving as personal assistant to Dr. John J. Moorhead until 1947. Dr. LaPointe served in the United States Navy during World War II.

All of Dr. LaPointe's active surgical career was in New York City until July 1969, at which time he resigned from his private practice and from his position as Vice President and Medical Director of the Manhattan Life Insurance Company, to become staff surgeon at the South Pittsburg Municipal Hospital, South Pittsburg, Tennessee.

Dr. LaPointe was a member of various medical and professional organizations including Diplomate of the American Board of Surgery, Fellow of the International College of Surgeons, Fellow of the New York Academy of Medicine, Member of the Chattanooga-Hamilton County Medical Society, State of Tennessee Medical Society, Non Resident Member State of New York Medical Society, and AMA.□

Dr. Dorita A. Norton, research associate professor of biophysical sciences, died May 21. The 41-year-old scientist was also executive director of the Medical Foundation of Buffalo. At one time she was an assistant to Dr. George E. Moore, former director of Roswell Park Memorial Institute.□

One

Dr. George B. Ubel, M'15, died May 24. The 79-year-old specialist in internal medicine had practiced for 57 years in Grand Island and Buffalo. He had gone into semi-retirement in 1970. He was on the Medical School faculty (1945-59) and on the staffs of Buffalo General, Kenmore Mercy and Millard Fillmore Hospitals. In 1969 Dr. Ubel was named "Senior Citizen of the Year" by the Grand Island Chamber of Commerce. He was active in several local and state professional organizations.□

In Memoriam

Dr. Porter A. Steele, M'16, died June 4, after a one week illness. The 79-year-old Buffalo surgeon was a member of the Millard Fillmore Hospital staff for 45 years and its president from 1956 to 1958. He was attending surgeon from 1927 to 1959, then consulting surgeon before becoming emeritus surgeon in 1971. Dr. Steele's practice spanned a 56-year period. He was president of the Erie County Medical Society in 1946. He was a Fellow in the American College of Surgeons and studied at the University of Vienna and the University of Budapest. He was an instructor in anatomy at the Medical School from 1936 to 1945. He interned at the Buffalo General Hospital and completed his residency at the New York Post Graduate Hospital, New York City.

A member of the Sports Car Club of America, Dr. Steele served on the medical team at the Grand Prix in Watkins Glen from 1956 to 1971. He was also an antique car buff. He served in the Army Medical Corps in France during World War I and was discharged a lieutenant. Dr. Steele was a founding member of the Science, Progress and Research Club of Buffalo, and a member of the AMA, American Society of Abdominal Surgeons, New York State Society of Surgeons and the Buffalo Academy of Medicine. He was also active in several other civic organizations.□

MD

Dr. Howard Osgood, 82, one of Buffalo's early allergists died May 23 at the Presbyterian Home where he had lived for the past two years. He was an assistant professor of medicine at the Medical School from 1921 to 1926. Dr. Osgood had been chief of the allergy clinic at the Buffalo General Hospital from 1929 to 1954 and was widely known for his research in allergy caused by caddis flies. He also did research in allergic chest conditions among grain handlers. He was a 1916 graduate of the Harvard Medical School.

Dr. Osgood served overseas as a Captain in the Army Medical Corps in World War I. He moved to Buffalo in 1920. From 1924-30 he was on the staff of Buffalo City Hospital, later Meyer Memorial. During World War II he was an examiner in internal medicine at the Armed Forces Induction Center and from 1924-46 he was school physician at Nichols School. After his retirement he served as an attending physician for the Red Cross Blood Program.

Dr. Osgood became a Diplomate of the American Board of Internal Medicine with certification in allergy in 1937. He was a former vice president of the American Academy of Allergy and represented the Academy at the first international congress of Allergy in Zurich, Switzerland in 1951. He was a founder of the International Association of Allergists. He was a member of the AMA, Erie County Medical Society, the New York Medical Society and a life Fellow of the American College of Physicians.□

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